

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

MAR 2 1935

4061

1. PLACE OF DEATH

County Stoddard  
Township Richland  
City Chiles Island Mo. (No. \_\_\_\_\_)

Registration District No. 839  
Primary Registration District No. 6101

File No. \_\_\_\_\_  
Registered No. 5  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Herald Ireland

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Infant</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 23 1935</u>		
7. AGE YEARS	MONTHS	DAYS
		<u>3</u>
IF LESS than 1 day, _____ hrs. or _____ min.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 26 1935

22. I HEREBY CERTIFY, that I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 8:30 A.M.

The principal cause of death and related causes of importance were as follows:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_

11. Total time (years) spent in this occupation \_\_\_\_\_

Date of onset \_\_\_\_\_

Undeveloped

Other contributory causes of importance: 1/28

MOTHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chiles Island Mo.

13. NAME James Ireland

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

15. MAIDEN NAME Pearl Eaton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Exam Was there an autopsy? no.

FATHER

17. INFORMANT James Ireland  
(ADDRESS) Chiles Island Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Bloomfield Cem. Mo. DATE Jan 27 1935

19. UNDERTAKER Chiles Undert Co.  
(ADDRESS) Bloomfield Mo.

20. FILED 2-1 1935 J.P. Bramble  
Registrar.

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No.  
If so, specify \_\_\_\_\_  
(Signed) Lloyd J Morgan Coroner M.D.  
(Address) Chiles Island Mo.

1948

RECEIVED

OFFICE OF THE ATTORNEY GENERAL

STATE OF TEXAS

ATTEST

NOTARY PUBLIC

My Commission Expires

on

the

day of

19

at

my office

in

the County of

State of

Texas

Witness my hand and seal

this

day of

19

at

my office

in

the County of

State of

Texas