

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

7737

APR 2 1935

1. PLACE OF DEATH

00 County Scott
11 Township Richland
City Dixston (No. St. Ward)

Registration District No. 871
Primary Registration District No. 4553

File No.
Registered No.

2. FULL NAME

Miss Eugene Irwin
(a) Residence, No. 514 Fletcher St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 22, 1918

7. AGE YEARS 16 MONTHS 24 DAYS 24 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School
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 —

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morley, Mo.

13. NAME William Irwin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fredericktown, Missouri

15. MAIDEN NAME Ida S. Kisey

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

17. INFORMANT (ADDRESS) Everett Taylor, Dixston, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Municipal Park, Dixston, Mo. DATE 2/27/35 19

19. UNDERTAKER (ADDRESS) J. H. Humphreys, Dixston, Mo.

20. FILED 3/1/35 19 W. H. Crummett Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Feb. 17, 1935, to Feb. 25, 1935

I last saw him alive on Feb. 25, 1935. Death is said to have occurred on the date stated above, at 5 A. m.

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

Other contributory causes of importance:
Chronic Malaria
an. Splenitis

Name of operation None Date of —
What test confirmed diagnosis? Chemical Was there an autopsy? No

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) Thomas B. McClure, M. D.
(Address) Dixston, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

