Reel 12
Mexico

JUN 27 1935

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

Do not use this space.

17420

1. PLACE OF DEATH
County: Pike — Registration District No.: 689 — File No.:
Township: — Primary Registration District No.: 3033 — Registered No.:
City: Bowsana (No. Pike Co Hospital St. Ward)

2. FULL NAME: George Adam Irvine
(a) Residence, No. Neodesha Kans 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. 1/2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 3 - - 1891

7. AGE: Years: about 44 — Months: — Days: — If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Gas Pipe line Engr
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): 5/6/35
11. Total time (years) spent in this occupation: 25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Neodesha Kans

FATHER
13. NAME: George Irvine
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky

MOTHER
15. MAIDEN NAME: (?)
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): (?)

17. INFORMANT (ADDRESS): C. O. McCoy Mexico Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Neodesha Kans DATE: May 11 1935

19. UNDERTAKER (ADDRESS): F. C. Nacy Jr Louisiana Mo

20. FILED: 5/6 1935 F. C. Nacy Jr Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 5/6 1935

22. I HEREBY CERTIFY, That I attended deceased from May 6, 1935, to May 6, 1935
I last saw him alive on May 6, 1935. Death is said to have occurred on the date stated above, at 9:45 Am.
The principal cause of death and related causes of importance were as follows:

Self inflicted bullet wound of head at 7 A.M. May 6, 1935.

Date of onset

Other contributory causes of importance:

Name of operation: None Date of:
What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury: May 6, 1935
Where did injury occur? Pittsfield, Illinois (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In Panhandle Illinois Pipe Line Co
Manner of injury: Revolver shot wound house
Nature of injury: Bullet in brain.

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify:
(Signed) P. V. Dilts M. D.
(Address) Pittsfield, Ill.