

JUL 1 1935

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

Do not use this space.

18768

1. PLACE OF DEATH

108 County Vernon
Township
2 City Nevada (No.)

Registration District No. 875
Primary Registration District No. 3039

File No.
Registered No. 90 St. Ward)

2. FULL NAME

(a) Residence, No. 102 S clay St., Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Mo 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 10 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 2 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.
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) Indiana

13. NAME Not Known

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

15. MAIDEN NAME Not Known

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

17. INFORMANT Jess Irwin (ADDRESS) Nevada Mo

18. BURIAL, CREMATION, OR REMOVAL Scott Cemetery DATE May 14 1935

19. UNDERTAKER Ferry Funeral Home (ADDRESS) Nevada Mo

20. FILED May 13 1935 M. Eichinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11 1935

22. I HEREBY CERTIFY that I attended deceased from Feb 1 1935 to May 11 1935

I last saw him alive on 19..... Death is said

to have occurred on the date stated above, 6:30 m.

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

Angina pectoris Date of onset Jan 19 35

Other contributory causes of importance:

Cor Myocarditis 5 yrs

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? Yes

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) [Signature], M. D.

(Address) Nevada 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.

66-3-11-2

