WHITE 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.

MAR 28 1936

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

Do not use this space.

5036

File No. Mch 24 1936
Registered No. 130

1. PLACE OF DEATH
County: Cedar
Township: Linn
City: Stockton (No. ..... St. ..... Ward)
Registration District No. 165
Primary Registration District No. 5231

2. FULL NAME: Robert Edward Irson

(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. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 11 1862

7. AGE: Years 73 | Months 4 | Days 8 | If LESS than 1 day, ... hrs. or ..... min.

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 .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Abbington, Va

FATHER
13. NAME: James Irson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Va.

MOTHER
15. MAIDEN NAME: Ann Olivia Hamilton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): N Va.

17. INFORMANT (ADDRESS): Inez Irson, Stockton, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Stockton DATE: Feb 21 1936

19. UNDERTAKER (ADDRESS): W. C. Davis & Co, Stockton, Mo

20. FILED: Mch 24 1936 H. A. Brown, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb ..... 1936, to Feb 19th 1936
I last saw h. alive on Feb 19, 1936. Death is said to have occurred on the date stated above, at 11 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Enlarged Prostate gland	1934
Chronic Interstitial Nephritis	

Other contributory causes of importance:

Name of operation: Davis Punch Operation Date of .....
What test confirmed diagnosis? Uremia 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) E. L. Smith, M. D.
(Address) Stockton Mo