

APR 15 1936

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

Do not use this space.

9168

1. PLACE OF DEATH

County Barton
Township Richland
City _____ (No. _____)

Registration District No. 1004
Primary Registration District No. 5049

File No. _____
Registered No. 4 Ward _____

2. FULL NAME Ida W. Wirts

(a) Residence, No. Golden City, Mo. RFD St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 17th, 1936

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

22. I HEREBY CERTIFY, That I attended deceased from 3-30-35 to 3-17-36
I last saw her alive on 2-20-36 Death is said to have occurred on the date stated above, at 12:18p.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 13 1869

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 2 4

Cardio-renal disease (sudden death) myocardial failure.

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

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 40

Other contributory causes of importance: Severe chr. nephritis & edema

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson County, Missouri

13. NAME James Shrout

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

15. MAIDEN NAME Elizabeth Barton

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

17. INFORMANT (ADDRESS) A. J. Wirts Golden City, Mo. RFD

18. BURIAL, CREMATION, OR REMOVAL PLACE Lake Cemetery DATE March 19th, 36

19. UNDERTAKER (ADDRESS) C. F. Konantz Lamar, Missouri.

20. FILED 4/10 1936 Registrar.

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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? If so, specify _____
(Signed) James A. Atkins, M. D.
(Address) Lamar, Mo.

