

JUL 16 1936

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

Do not use this space.

21950

1. PLACE OF DEATH
County Bates Registration District No. 58
Township Prairie Primary Registration District No. 5093
City (No.) St. Ward

File No. 8
Registered No. 8

2. FULL NAME George William Irick
(a) Residence, No. RF 2 Rockville Mo. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 20th 1862

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29/36, 19
22. I HEREBY CERTIFY, That I attended deceased from
I last saw h. im alive on June 29, 1936 to , 19
Death is said to have occurred on the date stated above, at 10 P.M.
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.
74 0 9
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. RETIRED
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

High blood pressure
city arteritis
Date of onset
Other contributory causes of importance

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pittsfield Illinois.
13. NAME DAVID Irick
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

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

17. INFORMANT Mrs. Chas. Stewart
(ADDRESS) Papinaville Missouri
18. BURIAL, CREMATION, OR REMOVAL PLACE Wright Cemetery DATE July 3 1936

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.

19. UNDERTAKER Church-Archer Co. Inc.
(ADDRESS) Liberty Missouri
20. FILED July 2 1936 D. J. Compton
Registrar.

Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) W. C. Butler M. D.
(Address) Coroner Butler Co. Mo.

WRITE PEAINLY, 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.

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