

SEP 21 1936

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

Do not use this space.

30607

1. PLACE OF DEATH

County Jackson County

Registration District No. 318

Township

Primary Registration District No. 2001

City Springfield, MO (No. Burge St of)

File No.

Registered No. 729

St. Ward

2. FULL NAME

Edwin Jerome Irons

(a) Residence, No. Hollister, 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. 1 mos. 4 ds. 15 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)

Child

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

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

11-9-1934

7. AGE

YEARS

MONTHS

DAY

If LESS than 1 day, hrs. or min.

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.

Child

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)

Hollister, MO

13. NAME

Lawson Edwin Irons

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

Hollister, Missouri

15. MAIDEN NAME

Maie Nelson

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

My Pleasant, Missouri

17. INFORMANT (ADDRESS)

Lawson E. Irons, Hollister, MO

18. BURIAL, CREMATION, OR REMOVAL

PLACE Hollister, MO DATE 8-25 1936

19. UNDERTAKER (ADDRESS)

W. A. Mc Cleese, Hollister, MO

20. FILED

8-24 1936 Dr. Charles George Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-24 - 1936

22. I HEREBY CERTIFY, That I attended deceased from

8-10, 1936, to 8-24, 1936

I last saw him alive on 8-24, 1936. Death is said

to have occurred on the date stated above, at 1 P. m.

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

Date of onset

Dysentery

8-3

Other contributory causes of importance:

Cerebral anoxia 8-10

Name of operation None Date of

What test confirmed diagnosis? 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

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) Charles George M. D.

(Address) Springfield, MO

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.

