

NOV 7 1936

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

Do not use this space

36675

1. PLACE OF DEATH

County BooneRegistration District No. 73

File No. _____

Township ColumbiaPrimary Registration District No. 3006Registered No. 272City Columbia(No. Boone County Hospital St. _____ Ward)

2. FULL NAME

(a) Residence, No. R.# 6 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) married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Priscilla Irvin6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 28 - 18787. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 57 11 118. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal miner

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) 10-9-1936 11. Total time (years) spent in this occupation 10 yrs12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri13. NAME Isaac L. Irvin14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana15. MAIDEN NAME Mary L. Perce16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio17. INFORMANT Priscilla Irvin (ADDRESS) Columbia Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Oakland Cem DATE 10-13-3619. UNDERTAKER Parker Gorn Co. (XHV) (ADDRESS) Columbia Mo.20. FILED 10/12/36 Allie Selby Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-9, 193622. I HEREBY CERTIFY, That I attended deceased from Oct 9th, 1936, to X, 1936.I last saw h. _____ alive on X, 1936. Death is saidto have occurred on the date stated above, at 7:40 a.m.

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

Traumatic Injury with
Multiple Rib Fractures
Hemorrhage and post
traumatic shock
→ Bones Fractured

Date of onset
10-9-36

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes23. If death was due to external cause (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1936

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 E. G. Davis Coroner(Signed) E. G. Davis Coroner(Address) Columbia Mo.

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BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

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1. PLACE OF DEATH

County Boone
Township.....
City Columbia (No.)

Registration District No. 73
Primary Registration District No. 3006

File No.
Registered No. 272
St. Ward)

2. FULL NAME Orlando Irwin

(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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 11 11

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 12/30/1936 Allie Selby Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10 - 9 1936

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....

I last saw alive on, 19..... Death is said to have occurred on the date stated above, at m.

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

Traumatic injury with multiple hemorrhage and post traumatic shock

Other contributory causes of importance:

Name of operation..... 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 accident Date of injury 10/9/1936

Where did injury occur? In coal mine, 7 minutes g. (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.

In coal mine
Manner of injury Falling rock in coal mine
Nature of injury Traumatic Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) E. G. Davis Coroner, D.

(Address) Columbia

SUPPLEMENT

RECEIVED

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