

MAR 20 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 398 File No. 6180
Township Blue Primary Registration District No. 5554 Registered No. 65
City Kansas City, Mo. (No. 140 N. Willow) St. _____ Ward _____

2. FULL NAME Robt. M. Irwin

(a) Residence, No. 140 N. Willow 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 16, 1869

7. AGE YEARS 67 MONTHS 10 DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cement Finisher
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) Pa13. NAME UNKNOWN

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

15. MAIDEN NAME

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

17. INFORMANT Mrs. Rose A. Irwin,
(ADDRESS) 140 N. Willow, Fairmount, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Floral Hills DATE Feb. 20-3719. UNDERTAKER C.H. Blackman & Son, Inc.
(ADDRESS) 2825 Indep Blvd. K.C. Mo.20. FILED 2-20-1937 J. L. Cook
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 18-37 1937

22. I HEREBY CERTIFY That I attended deceased from Feb 1 1937 to Feb 18 1937
I last saw him alive on Feb 9 1937 Death is said to have occurred on the date stated above, at 7:30 a. m.

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

Carcinoma of Prostate
51

Other contributory causes of importance:

Bronchial Pneumonia

Name of operation Resection of Prostate Date of Feb 18, 37What test confirmed diagnosis? Spec. 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 _____, 1937Where 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) Chas. Fischer, M. D.(Address) 515 Granger Bldg.

