CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

1. PLACE OF DEATH JUN 16 1937
7 County Bates — Registration District No. 53 — File No. 19365
6 Township — Primary Registration District No. 3005 — Registered No. 21
6 City Rich Hill (No. , 9 St. Ward)

2. FULL NAME Florence R. Irwin /

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: F
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: C. H. Irwin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May-18-1876

7. AGE: 3.33 — YEARS: 60 — MONTHS: 11 — DAYS: 26 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

FATHER
13. NAME: Wm. Hensley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Shady Grove Missouri

MOTHER
15. MAIDEN NAME: Kraft
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): C.H. Irwin Rich Hill Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Greenlawn DATE: May-16-1937

19. UNDERTAKER (ADDRESS): Pond & Reavley Rich Hill Mo.

20. FILED: May 16 1937 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 14, 1937 to May 14, 1937
I last saw h[illegible] alive on May 14, 1937. 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:

Cerebral Hemorrhage (Dead when I arrived) — Date of onset: May 14 37

Other contributory causes of importance:

82a1

Name of operation: Date of:
What test confirmed diagnosis? Mixing 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) [signature], M. D.
(Address) Rich Hill Missouri