

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

OCT 20 1937

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

Do not use this space.

1. PLACE OF DEATH

County Harrison  
Township 1  
City Desmarest (No. \_\_\_\_\_)

Registration District No. 3514208  
Primary Registration District No. 5492

File No. 34342  
Registered No. 19  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Mary Francis Irvine

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 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 Robert Irvine

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-6-1885

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>52</u>	<u>8</u>	<u>3</u>		

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 Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton, Mo

13. NAME Bush Barum

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Strasburg, Virginia

15. MAIDEN NAME Sue Halvia

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbia, Mo

17. INFORMANT Arthy Barum (ADDRESS) Clinton, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashton City DATE 9-11-37

19. UNDERTAKER Geo. W. Wilkins (ADDRESS) Clinton, Mo

20. FILED 9-9-37 J. J. Russell Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-9-37

22. I HEREBY CERTIFY, That I attended deceased from July 11, 1937 to 9-9-37

I last saw him alive on 9-8-37 Death is said to have occurred on the date stated above, at 10:00 P.M.

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

Other contributory causes of importance:  
Boiler, Corrugating, water body

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ 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) J. J. Russell M. D.  
(Address) Desmarest

