NOV 18 1937

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

Do not use this space.

36647

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. [illegible]

Township Kan — Primary Registration District No. 1002 — Registered No.

City Kansas City (No. Research Hospital St. Ward)

2. FULL NAME Mary Edith Irwin

(a) Residence, No. 4112 Francis K.C.K. 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: Female
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: Charles E. Irwin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 31 1875

7. AGE: 62 YEARS ~~about~~ MONTHS ~~63~~ 8 DAYS 9 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Corsettiere

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Spirella Co.

10. Date deceased last worked at this occupation (month and year): Oct. 2, 1937

11. Total time (years) spent in this occupation: 18

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wellsville Kansas

FATHER

13. NAME: Thomas Bell

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

MOTHER

15. MAIDEN NAME: Mary E. Stonebraker

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

17. INFORMANT (ADDRESS): C. E. Irwin 4112 Francis

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt. Moriah DATE Oct. 11, 1937

19. UNDERTAKER (ADDRESS): Gates Funeral Home Kansas City, Kansas

20. FILED Oct 11 1937 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 9, 1937

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

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, ... 12 45 P m.

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

Cerebrospinal syphilis
Cerebral edema
Tertiary Aortitis
209-M

Date of onset

Other contributory causes of importance:
Contused wounds of the right ear and scalp
Subdural hemorrhage

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy 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 10/2/37, 19..

Where did injury occur? 49th & Bookside Review (Specify city or town, county, and State)

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

Manner of injury: Struck by street Car.

Nature of injury .....

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

If so, specify .....

(Signed) [signature], M. D.

(Address) [illegible]

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