

JAN 19 1938

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

Do not use this space.

2
1

1. PLACE OF DEATH

County Max
Township Shelton
City Highland (No. 4261)

Registration District No. 443
Primary Registration District No. 560-1-B

File No. 45775
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Rose M. Irwin

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

Length of residence in city or town where death occurred 71 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

3. SEX F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan-1-1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
71 11 30

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
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) Kenwood Mo.

13. NAME David Irwin

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

15. MAIDEN NAME Rose Anne Henry

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Ken. Jersey

17. INFORMANT (ADDRESS) Peter Smith Kenwood Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Old Catholic cemetery Jan 7-1938

19. UNDERTAKER (ADDRESS) Keith Hulsman Edina Mo.

20. FILED Jan 1 1938 Geo B. Early Jr Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 30 1937

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

I last saw h_____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 8 P.m.

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

This patient did not have a physician any opinion she died of pneumonia

Other contributory causes of importance: Malnutrition

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) F. E. Gunnar M. D.
(Address) Edina Mo.

Keith Hulsman - Edina Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

