REC'D APR 22 1938

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

11957
Do not use this space.

1. PLACE OF DEATH
(a) County St. Francois
(b) Township St. Francois
(c) City ~~Farmington~~ Nsar
Registration District No. 773
Primary Registration District No. 6018A
Registered No. 29
(d) Street No. State Hospital No 4 Farmington Mo
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ray George Irvin 615
(a) Residence, No. St. Louis, Missouri St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Marriedd
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Anna McDermott Irvin
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 28th, 1890
7. AGE: YEARS 47 | MONTHS 5 | DAYS 3 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Truck driver
9. Industry or business in which work was done, as 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): Pilot Knob, Missouri Missouri

FATHER
13. NAME: Jasper Irvin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Farmington Missouri

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

17. INFORMANT (ADDRESS): State Hospital No. 4 Records Farmington, Missouri
18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Grove Cemetery DATE 3-5-38, 19
St. Louis, Missouri
19. FUNERAL DIRECTOR (ADDRESS): Hoppe Undertaking Co. Stroot & Carrol St. Louis, Missouri
St. Louis, Missouri
20. FILED Mch 4 1938 V. J. Robinson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-1-38, 19

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1937, to March 1st, 1938
I last saw him alive on March 1st, 1938. Death is said to have occurred on the date stated above, at 7:10 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General - Paresis	
Syphilitic Meningo-Encephalitis	
82	

Other contributory causes of importance:
Terminal bronchopneumonia

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical & Lab 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 ....., 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? No
If so, specify .....
(Signed) Paul J. Schrader Mo M. D.
699 (Address) State Hosp No 4 Farmington Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

WHITE PLANET, WITH UNFADING INK. THIS IS A PERMANENT RECORD

I X12004

STATEMENT BY LICENSED EMBALMER

I, C J Lloyd, Licensed Embalmer No. 3527

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed C J Lloyd

Licensed Embalmer No. 3527

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)