

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

26367
Do not use this space.

1. PLACE OF DEATH
 County Clair Registration District No. 765
 (b) Township 1 Primary Registration District No. 4460 Registered No. 13
 (c) City Orcola (d) Street No. _____ St. _____
 (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 Newell C. Ireland 645
 (a) Residence, No. Orcola St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 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 Irene Jones
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-18-1883
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 9 8

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Employed Master Lumber
 9. Industry or business in which work was done, as saw mill, bank, etc. By trade
 10. Date deceased last worked at this occupation (month and year) 1-9-38
 11. Total time (years) spent in this occupation 2-76

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

FATHER
 13. NAME Warren Cole Ireland

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
 15. MAIDEN NAME Lillie Hood

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi

17. INFORMANT (ADDRESS) Mrs. J.C. Ireland Orcola Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Orcola DATE 7-27-1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. H. ... Orcola

20. FILED 7/27 1938 Wm. Keener Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-26-1938
 22. I HEREBY CERTIFY, That I attended deceased from 7-19-1938, to 7-26-1938
 I last saw him alive on 7-26-1938. Death is said to have occurred on the date stated above, at 9:30 a.m.
 The principal cause of death and related causes of importance were as follows:

Coronary Artery Disease
105
 Date of onset 7-19-38
 Other contributory causes of importance:
was badly crippled by arthritis

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) Robert Wray M. D.
 (Address) Orcola, Mo.

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.

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed..... *D. H. Kelly*

Licensed Embalmer No. 2097

P. O. Address

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.)

If this body is not embalmed, above space should be left blank.