

REC'D FEB 16 1939

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

3114

Do not use this space.

1. PLACE OF DEATH

(a) County Müller 2 Registration District No. 562
 (b) Township Richwoods Primary Registration District No. 5757
 or Iberia
 (c) City Iberia (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

1050 WILLIAM STAINES IRWIN
 (a) Residence, No. Iberia, Mo 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 Male 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 Lauretta Watkins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 12, 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
87 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 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) 1935 11. Total time (years), spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) Uniontown, Penn.,
(STATE OR COUNTRY)13. NAME William L. Irwin14. BIRTHPLACE (CITY OR TOWN) Penn.!
(STATE OR COUNTRY)15. MAIDEN NAME Sarah Livingston16. BIRTHPLACE (CITY OR TOWN) Penn.!
(STATE OR COUNTRY)17. INFORMANT George Irwin
(ADDRESS) Iberia, Mo18. BURIAL, CREMATION, OR REMOVAL
PLACE Iberia DATE 1/2-3919. FUNERAL DIRECTOR (NAME) G. L. Bacey
(ADDRESS) Iberia, Mo20. FILED Feb. 6, 1939 Miss W. H. Dow Green
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/1-193922. I HEREBY CERTIFY, That I attended deceased from 12-26, 1938, to 1-1, 1939

I last saw him alive on 12-31, 1938. Death is said to have occurred on the date stated above, at 12:20 a.m.
 The principal cause of death and related causes of importance were as follows:

Hypostatic pneumonia Date of onset _____
J. W.

Other contributory causes of importance:

Cerebral apoplexy

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) G. W. Duncan, M. D.

(Address) Iberia, Mo.

Quinn

RECEIVED

Miller County Health Dept.

County File Number # 39-3

Date Filed 2-10-39

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.....

Licensed Embalmer No.....

P. O. Address.....

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

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