REC'D MAY 18 1938

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

Do not use this space.

15149

1. PLACE OF DEATH

49 County Jasper 1 Registration District No. 411 File No.

7 Township Salina 2 Primary Registration District No. 2002 Registered No.

5 City Joplin (No. Freeman Hospital St. Ward)

610

2. FULL NAME James Franklin Irby

(a) Residence, No. Afton, Okla St., Ward. Afton, Okla
(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: M

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 1 - 1867

7. AGE: YEARS 72 MONTHS 3 DAYS 20 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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) Near Springfield, Mo

FATHER

13. NAME Joseph L Irby C

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

MOTHER

15. MAIDEN NAME Delpha Bailey

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

17. INFORMANT (ADDRESS) Mrs Tessie Friar Daughter

18. ~~BURIAL, CREMATION, OR~~ REMOVAL Date County

PLACE Shiloh Cemetery DATE 4-22 1939

19. UNDERTAKER (ADDRESS) Painter Undertaking Afton Okla

20. FILED 4-22 1939 Ed D Jamey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-20-1939

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to 4-20, 1939

I last saw him alive on 4-20, 1939. Death is said to have occurred on the date stated above, at 2 35 A.M. m.

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

Coronary occlusion — Date of onset 4-20-39

A2C

Other contributory causes of importance:

2 Previous occlusions in preceding 10 days.

Chr. Myocarditis

Name of operation none Date of

What test confirmed diagnosis? E.K.G. 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) O. T. Blanke, M. D.

373 (Address) 725 Frisco Bldg., Joplin, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

X9314

RECEIVED
District Health Officer No. 6,
District File Number 6-5-39-1106
Date Filed MAY 15 1939