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

36467
Do not use this space.

1. PLACE OF DEATH
(a) County Johnson 2 Registration District No. 431
(b) Township Centerview 1 Primary Registration District No. 5589 Registered No. 118
(c) City ..... (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 50 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 605 Oscar Matison Irvine
(a) Residence, No. ..... 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: Lydia May Irvine
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 17 1874
7. AGE: YEARS 65 MONTHS DAYS 9 If LESS than 1 day, ... hrs. or ..... min.

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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio 1

FATHER
13. NAME: David Irvine 5
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland 1

MOTHER
15. MAIDEN NAME: Mary Ann Lockard
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

17. INFORMANT (ADDRESS): Raymond Irvine Centerview Mo.
18. BURIAL, [redacted]
PLACE: Centerview Cemetery DATE: Oct 29 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): T. W. Goodman Holden Mo.
20. FILED: Oct 28, 1939 Eva Gentry Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 27, 1939
22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1939, to Oct 27, 1939
I last saw him alive on Oct 26, 1939. Death is said to have occurred on the date stated above, at 12:45 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetis Insipidus	
69	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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) R. L. Bills, M. D.
(Address) Holden Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

I X14028

RECEIVED
District Health Officer No. 8,
District File Number 11/6/39
Date Filed

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 W Goodman

Licensed Embalmer No. 2424

P. O. Address Golden Mo.

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.