

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.

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

Do not use this space.

43094-a

1. PLACE OF DEATH

County Lea  
Township Richland  
City West No. 1

Registration District No. 821  
Primary Registration District No. 6070

File No. 1  
Registered No. 1  
St. 1 Ward 1

2. FULL NAME

(a) Residence, No. 1 St. 1 Ward 1  
(Usual place of abode)  
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 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 2 1889

7. AGE YEARS 72 MONTHS 2 DAYS 21 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
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) Madison Co

13. NAME James Irvine

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

15. MAIDEN NAME Mary Canady

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Co

17. INFORMANT (ADDRESS) Wm Canady

18. BURIAL, CREMATION, OR REMOVAL  
PLACE St. Louis DATE 12/25 1931

19. UNDERTAKER (ADDRESS) Wm Canady

20. FILED 12/25 1931 Wm Canady Registrar.

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 23 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 9 1931 to Dec 23 1931  
I last saw him alive on Dec 9 1931. Death is said to have occurred on the date stated above, at 12 m.  
The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis  
Myocardial infarction of heart  
2nd

Other contributory causes of importance:  
2nd

Name of operation Amputation Date of 12/23  
What test confirmed diagnosis? Amputation Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Amputation Date of injury 12/23 1931  
Where did injury occur? Amputation  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Amputation  
Nature of injury Amputation

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify Amputation  
(Signed) Wm Canady, M. D.  
(Address) St. Louis

