

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

Do not use this space.

21334

1. PLACE OF DEATH Maryville Mo.
 County Nodaway Registration District No. 625
 Township _____ Primary Registration District No. 3031
 City Maryville Mo. (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 68

2. FULL NAME Mary Jane Irwin
 (a) Residence, No. _____ St. _____ Ward _____
 (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 Female 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 George Irwin.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 30 1870

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
63 11 13

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

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) Nodaway Co. Mo.

13. NAME Fieldren Lanning.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Andrew Co. Mo.

15. MAIDEN NAME Sarah Ellen Hagan.

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

17. INFORMANT George Irwin. (ADDRESS) Maryville

18. BURIAL, CREMATION, OR REMOVAL PLACE Miriam Cemetery DATE 6-15 1934

19. UNDERTAKER Price Funeral Home. (ADDRESS) Maryville Mo.

20. FILED Jan 15 1934 Maurice E. Clardy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13 1934

22. I HEREBY CERTIFY, That I attended deceased from May 22nd 1933, to June 13th 1934

I last saw her alive on June 13 1934 Death is said to have occurred on the date stated above, at 5:45 P.m.

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

Chronic Valvular heart disease Date of onset 1904

Other contributory causes of importance:
Femoral Thrombosis
and mesenteric thrombosis

Name of operation none Date of _____

What test confirmed diagnosis? none 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) L. E. Dean M. D.
 (Address) Maryville Mo

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.

JUL 13 1934

OCCUPATION

MOTHER FATHER

