SEP 11 1934

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

Do not use this space.

28973

1. PLACE OF DEATH
County Greene — Registration District No. 318 — File No.
Township — Primary Registration District No. 2001 — Registered No. 281
City Springfield (No. 1016 N Forrest St. Ward)

2. FULL NAME Magaline Irvin
(a) Residence, No. 1016 N Forrest St., Ward. (If nonresident, give city or town and State)
(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: Female
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: Henry Irvin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 15-1887

7. AGE: YEARS 47 — MONTHS 7 — DAYS 6 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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): Missouri

FATHER
13. NAME: Frank Allen
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Malinda Franklin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Texas

17. INFORMANT (ADDRESS): Henry Irvin 1016 N Forrest

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Lincoln — DATE: Mon Aug 2nd 1934

19. UNDERTAKER (ADDRESS): W R Campbell 869 Washington Ave

20. FILED: 8-24 1934 — R W Langston, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 8-21- 1934

22. I HEREBY CERTIFY, That I attended deceased from May 3rd, 1934 to 8-20-, 1934
I last saw her alive on 8-20-, 1934. Death is said to have occurred on the date stated above, at 11 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uterine Carcinoma	about 1 yr ago
48	
48	

Other contributory causes of importance:

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) C. E. Feller, M. D.
(Address) Springfield 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.

100M-11-24-33