

SEP 21 1938

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

28718
Do not use this space.

1. PLACE OF DEATH

(a) County Cooper Registration District No. 218
(b) Township _____ Primary Registration District No. 3015
(c) City Boonville (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 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Major Geo. T. Irvine, 615

(a) Residence, No. 514 Poplar St. 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 Mrs. Mittie Irvine.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 25" 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
62 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Teacher
9. Industry or business in which work was done, as saw mill, bank, etc. Kemper Military School
10. Date deceased last worked at this occupation (month and year) June 1938 11. Total time (years) spent in this occupation 37 Yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wakeman Ohio.

FATHER 13. NAME Edward Irvine 4

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England. 1

MOTHER 15. MAIDEN NAME Ellen Todd.

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

17. INFORMANT (ADDRESS) Mrs. Geo. T. Irvine, Boonville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wakeman, Ohio. DATE Aug. 27" 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Goodman & Holler, Boonville, Mo.

20. FILED Aug 25 1938 W. Cooper Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 25" 1938

22. 615 I HEREBY CERTIFY, That I attended deceased from 8-25-38 1938, to _____, 19____
I last saw him alive on 8-25-38 2 AM, 19____. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

bronchogenic carcinoma
cachexia and inanition

Date of onset
5-1-38
8-1-38

Other contributory causes of importance: none

Name of operation biopsy of lesion Date of 6-27-38
What test confirmed diagnosis? biopsy 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? _____
If so, specify _____
(Signed) A. C. van Ransma, M. D.
Boonville, Mo. (Address)

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.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8/14/38

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,

J. H. Goodman,

or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

J. H. Goodman

Licensed Embalmer No. 1178

P. O. Address : Boonville, 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.