

Frank Ireland

Occupant Name: Frank Ireland
 Location: Section M, Lot 12
 Date of Birth: 7/15/1860
 Date of Death: 9/6/1932
 Date of Burial: 1932
 Veteran: No
 Lot Owner: H. W. Wacker, Jr.
 Multiple Occupants: No
 Comment:

Frank Ireland Dies Here Tuesday

Stricken With Serious Illness About
Four Months Ago--Funeral
Thursday--Other Deaths.

Frank Ireland, age 72, a highly esteemed citizen of Brownstown, passed away at his home at this place Tuesday afternoon at 2 o'clock following a four months' illness of cancer of the lymphatic glands following an attack of the flu. His death causes sincere grief among friends and acquaintances of the family.

Mr. Ireland, the son of James and Catherine Perry Ireland, was born at Mooneytown, one mile north of Brownstown, July 15, 1860, and with the exception of two years' residence in Chicago, he spent his entire life in Jackson county.

On December 31, 1884, he was married in Brownstown to Miss Lillie Wacker, who survives him. Besides his widow he leaves one son, W. W. Ireland, of Brownstown; one daughter, Mrs. Walter Greger, of Chicago; two brothers, Chas. Ireland, of Brownstown; James Ireland, of Multnomah, Oregon, and five grandchildren.

He attended the Brownstown schools and was a member of the first graduating class from the high school, graduating with the class of 1881. For a number of years he followed the profession of a school teacher and was one of the leading teachers. For a number of years he served as a rural mail carrier from the Brownstown postoffice. After moving back here from Chicago he associated himself in the coal business with his son.

He was a prominent and leading member of the Presbyterian church and took an active part in church and Sunday school work. He was an elder of the church for many years.



PLACE OF DEATH		STANDARD CERTIFICATE OF DEATH	
County <u>Jackson</u>		Indiana State Board of Health	
Incorporated <u>Brownstown</u>		Registered No. <u>26838</u>	
Town <u>Brownstown</u>		Division of Vital Statistics	
City <u>Brownstown</u>		No. <u>12</u>	
Length of residence in city or town where death occurred <u>27</u> years		How long in U. S. if of foreign birth <u>27</u> years	
FULL NAME <u>Frank Ireland</u>			
Residence: No. <u>12</u>		St. <u>St.</u>	
(State place of abode) (If non-resident give city or town and State)			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX <u>Male</u>	COLOR OR RACE <u>White</u>	DATE OF DEATH <u>Sept 6 1932</u>	Time of day <u>2:00</u>
MARRIAGE <u>Married</u>	EDUCATION <u>High School</u>	1. I HEREBY CERTIFY, That I attended deceased from <u>Aug 1 1932</u> to <u>Sept 6 1932</u>	2. Date of death <u>Sept 6 1932</u>
WIFE <u>Lillie W. Ireland</u>	DATE OF BIRTH (month, day and year) <u>July 15 1860</u>	The principal cause of death and related causes of importance	
AGE <u>72</u> years	PLACE OF BIRTH (State, Territory, District, County, City or Town) <u>Mooneytown Ind</u>	Type of illness: <u>Symptoma Saccoma</u>	
OCCUPATION <u>Teacher</u>	INDUSTRY OR BUSINESS IN WHICH DECEASED ENGAGED <u>Coal</u>	Other contributory causes of importance:	
INDUSTRY OR BUSINESS IN WHICH DECEASED ENGAGED <u>Coal</u>	INDUSTRY OR BUSINESS IN WHICH DECEASED ENGAGED <u>Coal</u>	Name of operation <u>Post Post</u> Date of injury <u>1930</u>	
INDUSTRY OR BUSINESS IN WHICH DECEASED ENGAGED <u>Coal</u>	INDUSTRY OR BUSINESS IN WHICH DECEASED ENGAGED <u>Coal</u>	What last condition <u>Post Post</u> Was there an accident? <u>Yes</u>	
INDUSTRY OR BUSINESS IN WHICH DECEASED ENGAGED <u>Coal</u>	INDUSTRY OR BUSINESS IN WHICH DECEASED ENGAGED <u>Coal</u>	If death was due to external causes (children) fill in also the following:	
INDUSTRY OR BUSINESS IN WHICH DECEASED ENGAGED <u>Coal</u>	INDUSTRY OR BUSINESS IN WHICH DECEASED ENGAGED <u>Coal</u>	Accident, outside, or homicide <u>Yes</u> Date of injury <u>1932</u>	
INDUSTRY OR BUSINESS IN WHICH DECEASED ENGAGED <u>Coal</u>	INDUSTRY OR BUSINESS IN WHICH DECEASED ENGAGED <u>Coal</u>	Where did injury occur? (Specify city or town, county and State)	
INDUSTRY OR BUSINESS IN WHICH DECEASED ENGAGED <u>Coal</u>	INDUSTRY OR BUSINESS IN WHICH DECEASED ENGAGED <u>Coal</u>	Specify whether injury occurred in industry, in home, or in public place.	
INDUSTRY OR BUSINESS IN WHICH DECEASED ENGAGED <u>Coal</u>	INDUSTRY OR BUSINESS IN WHICH DECEASED ENGAGED <u>Coal</u>	Manner of injury	
INDUSTRY OR BUSINESS IN WHICH DECEASED ENGAGED <u>Coal</u>	INDUSTRY OR BUSINESS IN WHICH DECEASED ENGAGED <u>Coal</u>	Cause of injury	
INDUSTRY OR BUSINESS IN WHICH DECEASED ENGAGED <u>Coal</u>	INDUSTRY OR BUSINESS IN WHICH DECEASED ENGAGED <u>Coal</u>	Was disease or injury in any way related to occupation of deceased? <u>Yes</u>	
INDUSTRY OR BUSINESS IN WHICH DECEASED ENGAGED <u>Coal</u>	INDUSTRY OR BUSINESS IN WHICH DECEASED ENGAGED <u>Coal</u>	Signature of physician <u>Dr. J. P. ...</u>	
INDUSTRY OR BUSINESS IN WHICH DECEASED ENGAGED <u>Coal</u>	INDUSTRY OR BUSINESS IN WHICH DECEASED ENGAGED <u>Coal</u>	Signature of registrar <u>...</u>	
INDUSTRY OR BUSINESS IN WHICH DECEASED ENGAGED <u>Coal</u>	INDUSTRY OR BUSINESS IN WHICH DECEASED ENGAGED <u>Coal</u>	Signature of coroner <u>...</u>	
INDUSTRY OR BUSINESS IN WHICH DECEASED ENGAGED <u>Coal</u>	INDUSTRY OR BUSINESS IN WHICH DECEASED ENGAGED <u>Coal</u>	Signature of health officer <u>...</u>	