

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

Do not use this space.

43269-1

1. PLACE OF DEATH

County Washington
Township Belgrade
City _____ (No. _____)

Registration District No. 885
Primary Registration District No. 6183

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Ueairl Ives

(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 F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 9 - 1925

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>4</u>	<u>6</u>	<u>12</u>	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Potosi, Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Orville Ives

11. BIRTHPLACE OF FATHER (CITY OR TOWN) This Co.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Cora Ellen Goodson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) This Co.
(STATE OR COUNTRY)

14. INFORMANT Orville Ives
(Address) Belgrade, Mo.

15. FILED _____ 19 _____ REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 21 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec. 17, 1929, to Dec. 21, 1929 that I last saw her alive on Dec. 20, 1929, and that death occurred, on the date stated above, at 2:30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho-pneumonia
9
107A

(duration) _____ yrs. _____ mos. 10 ds.
CONTRIBUTORY Pertussis
(SECONDARY) (duration) _____ yrs. 1 1/2 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Geo. L. Thurman, M. D.
8/2, 1936 (Address) Potosi, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Belgrade, Mo. DATE OF BURIAL 12-22 1929

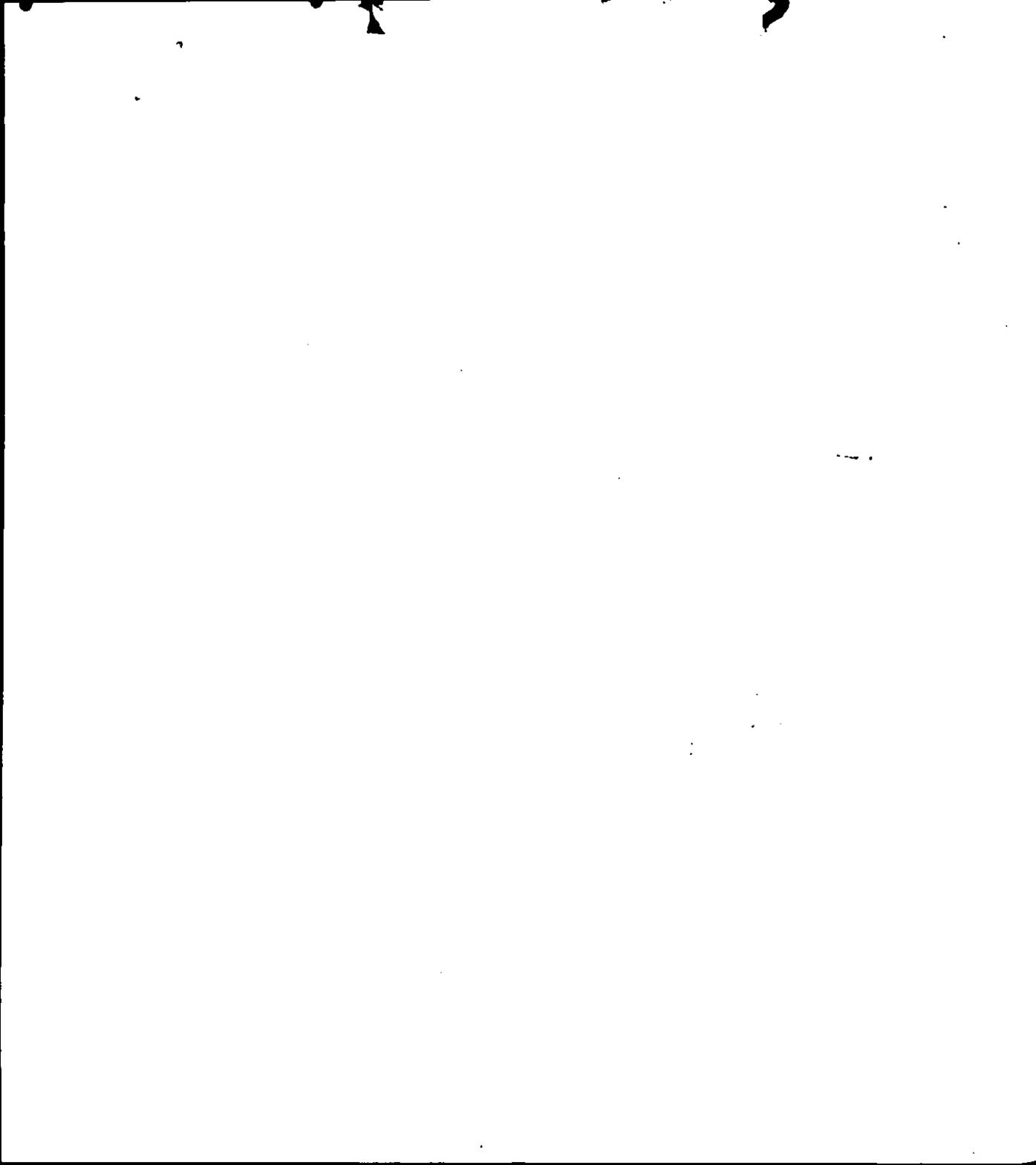
20. UNDERTAKER Norman White ADDRESS Potosi, Mo.

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 in plain terms. Reportant.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

AUG 20 1929

PARENTS



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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH.
County Washington Registration District No. 885 File No.
Township Belgrade Primary Registration District No. 6183 Registered No.
City (No.) St. Ward
2. FULL NAME Deviné Ines
(a) Residence. No. St. Ward (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 9, 1925
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 4 6 12
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) Potosi, Mo. (STATE OR COUNTRY)
10. NAME OF FATHER Orville Ines
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Washington Co. (STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Dora E. Gordon
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Washington Co. (STATE OR COUNTRY)

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 21 1929
17. I HEREBY CERTIFY That I attended deceased from Dec 17 1929, to Dec 21 1929, that I last saw him alive on Dec 20 1929, and that death occurred, on the date stated above, at m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bright Pneumonia
(duration) yrs. mos. 10 ds.
CONTRIBUTORY (SECONDARY) Cerebral
(duration) yrs. mos. 1 1/2 ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH? no DATE OF.....
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Jos. L. Harrison, M. D. (Address) Potosi Mo.
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT Orville Ines DATE OF BURIAL 12-22 1929
(Address) Belgrade, Mo.
15. FILED 8-14 1930 Wm. J. M. Knox REGISTRAR
Norman White Houston Mo.
20. UNDERTAKER

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

S-432.1.13 A