

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

Do not use this space.

3675

**1. PLACE OF DEATH**

6 County Barton Registration District No. 40  
 2 Township City Primary Registration District No. 4024  
 2 City Lamar No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 40

**2. FULL NAME** Iva Louise Foote

(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 5 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 O. J. Foote

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 17-1900

| 7. AGE | YEARS     | MONTHS   | DAYS     | If LESS than 1 day, _____ hrs. or _____ min. |
|--------|-----------|----------|----------|--|
|        | <u>37</u> | <u>0</u> | <u>5</u> |  |

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work \_\_\_\_\_  
 (b) General nature of industry, business, or establishment in which employed (or employer) Housekeeping <sup>235</sup>  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Ava Missouri  
 (STATE OR COUNTRY)

10. NAME OF FATHER J. N. Phillips

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Seymour Missouri  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Charlene Barnett

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Seymour Mo  
 (STATE OR COUNTRY)

14. INFORMANT O. J. Foote  
 (Address) Lamar Mo

15. FILED Feb. 23, 1932 O. J. Myratt  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 22nd 1932

17. I HEREBY CERTIFY, That I attended deceased from Oct-12  
 \_\_\_\_\_, 1932 to Feb. 22nd, 1932  
 that I last saw her alive on Feb. 20, 1932, and that death occurred, on the date stated above, at 10-46 P. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Pernicious anemia  
NIA

(duration) 1 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**CONTRIBUTORY (SECONDARY)**

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

**WHAT TEST CONFIRMED DIAGNOSIS**

(Signed) W. H. Poppewell, M. D.

2-23, 1932 (Address) W. H. Poppewell, M.D.

\*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**

**DATE OF BURIAL**

Santha Cemetery

2/24 1932

**20. UNDERTAKER**

**ADDRESS**

W. H. Poppewell Lamar, 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.

MAR 21 1932



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