

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

Do not use this space.

16731

1. PLACE OF DEATH

61 County MACON
Township Eastly
City Meroyville (No.) St. Ward)

Registration District No. 530
Primary Registration District No. 5708

File No.
Registered No.

2. FULL NAME

Samuel Ivers

(a) Residence, No. St. Ward.
(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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

M

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

married

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 21 - 1932

17. I HEREBY CERTIFY, That I attended deceased from May 21, 1932, to May 21, 1932.
that I last saw him alive on May 21, 1932, and that death occurred, on the date stated above, at 4 PM.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchial Pneumonia

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

ms. Elda Ivers

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

July 12 - 1853

7. AGE

78

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

July

9-

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Blacksmith & Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer)

Retired

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Peoria

(STATE OR COUNTRY)

Illinois - 2

10. NAME OF FATHER

James Ivers

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

U.S.A

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

31

107A / 107A
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

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).....

Harold D. Lehr D.O.

5-21-1932 (Address) Elmer 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 (Address)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Elmer

5-22-1932

15. FILE NO.

6-11-32 Florence Oatuel

20. UNDERTAKER

ADDRESS

S.L. McDavitt

Elmer 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.

JUN 23 1932

PARENTS

REGISTRAR

—

**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 Macou Registration District No. 530
Township Earley Primary Registration District No. 5705
City Y (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

Samuel Evans
(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 12-1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 10 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith Retired

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) 1-9-07 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

FATHER 13. NAME James Evans

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

MOTHER 15. MAIDEN NAME not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) S. J. McDowell

18. BURIAL, CREMATION, OR REMOVAL (ADDRESS) buried DATE 5-28-1932

19. UNDERTAKER (ADDRESS) S. J. McDowell

20. FILED 6-11-1932 Registrar Blouin

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from _____ to May 21, 1932

I last saw him alive on _____, 1932 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:
Bronchial Pneumonia. Date of onset _____

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) _____, M. D.

(Address) _____

N. B.—Every item of information should be carefully supplied. AGE should be given in plain terms, so that it may be properly classified. Exact OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY THE BOARD OF HEALTH. PHYSICIANS SHOULD BE CAREFUL TO SIGN. OCCUPATION IS VERY IMPORTANT.

SUPPLEMENTARY

5-16731