

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

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.

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

Do not use this space.

NOV 15 1934

1. PLACE OF DEATH

County Jasper
Township West City
City West City (No. _____)

Registration District No. 417
Primary Registration District No. 3071

File No. 36429
Registered No. 95
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. R 7# 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

3. SEX <u>Male</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Child</u>					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 24 1934</u>					
7. AGE		YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
		6	14		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	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)		11. Total time (years) spent in this occupation.		
12. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>Jasper County, Mo.</u>					
FATHER	13. NAME <u>Henry Ivers</u>				
	14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>Mo.</u>				
MOTHER	15. MAIDEN NAME <u>Mable Ellis</u>				
	16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>Mo.</u>				
17. INFORMANT <u>Henry Ivers</u> (ADDRESS) <u>West City</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Union Cem</u> DATE <u>Oct 9 1934</u>					
19. UNDERTAKER <u>West City Burial Co.</u> (ADDRESS) <u>West City, Mo.</u>					
20. FILED <u>10-9-34</u> 19 <u>34</u> <u>J. K. Craig</u> Registrar.					

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 5 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 5 1934 to Oct 5 1934
I last saw him alive on Oct 7 1934 Death is said to have occurred on the date stated above, at 11:00 a.m.
The principal cause of death and related causes of importance were as follows:
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Other contributory causes of importance:
Poor Diet & Sanitary Conditions

8. 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) Mable Ellis, M. D.
(Address) West City, Mo.

