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

ISOLATION HOSPITAL

Do not use this space.

15100

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis Mo (No. ..... St. ..... Ward)

File No. .....

Registered No. 3994

2. FULL NAME Willis McIver

(a) Residence, No. 616 Boyd St., N R Ward. Delota Missouri
(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: Male

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: Lela McIver

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 15 1891

7. AGE: YEARS 43 MONTHS 9 DAYS 15 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carman Kilpee - Mo Pac. R.R.

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): Liberty Mo Missouri

FATHER

13. NAME: Franklin McIver

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

MOTHER

15. MAIDEN NAME: Lindy Thanbinger

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

17. INFORMANT (ADDRESS): M.G. Barry 5600 Cushing St.

18. BURIAL, CREMATION, OR REMOVAL PLACE: Poplar Bluff Mo DATE: 5-3 1935

19. UNDERTAKER (ADDRESS): Mathershead Delta Mo

20. FILED: MAY -1 1935 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 4-30-1935

22. I HEREBY CERTIFY, That I attended deceased from April 28, 1935, to April 30, 1935

I last saw him alive on April 30, 1935. Death is said to have occurred on the date stated above, at 6 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis Chr.	Mar 1935
Acute exacerbation	
131	
Other contributory causes of importance:	
Erysipelas	April 1935

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? yes

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? no

If so, specify .....

(Signed) Henry J. Ulrich, M. D.

(Address) ISOLATION HOSPITAL

NOV 23 1954

OCT 11 1955