

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.

JUN 24 1935

17022

1. PLACE OF DEATH

County Lincoln
Township Millwood
City (No.)

Registration District No. 490
Primary Registration District No. 5657

File No.
Registered No. 4
St. Ward

2. FULL NAME Harrietty. 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Weston Ives</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 22, 1865</u>		
7. AGE	YEARS	MONTHS
	<u>69</u>	<u>5</u>
		DAYS
		<u>25</u>
		If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Keeper</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>
	10. Date deceased last worked at this occupation (month and year) <u> </u>

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln Co. Mo.

13. NAME James E. Hammett

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

15. MAIDEN NAME Mary E. Ownes

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

17. INFORMANT Wm. Ives
(ADDRESS) Silex, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sulphur Lick DATE 5/25/35

19. UNDERTAKER W. R. Vomund
(ADDRESS) Silex, Mo.

20. FILED 5-30 1935 O. H. Danvers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24 1935

22. I HEREBY CERTIFY, That I attended deceased from March 27, 1934, to May 1, 1935

I last saw him alive on Nov. 11, 1934 Death is said to have occurred on the date stated above, at H.A. m.

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

mitral Regurgitation -
Assthma - Chorea.

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? None Was there an autopsy? No.

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) R. M. Penn (Attending Physician) M. D.
(Address) Silex Mo.

