JUL 25 1935

Pemiscot Co.

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

Do not use this space.

23935

File No. 10

Registered No. 1202

1. PLACE OF DEATH

County PEMBERSCOTT

Township PEACH ORCHARD.

City RFD-CLARKTON- (No. ..... , ... St. ..... Ward)

Registration District No. 55

Primary Registration District No. 6262

2. FULL NAME BABY BOY 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
MALE	WHITE	INFANT

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JULY 1ST 1935

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

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) CLARKTON RFD # 2
(STATE OR COUNTRY) PEMBERSCOTT Co—

FATHER

13. NAME ARTHUR IVES

14. BIRTHPLACE (CITY OR TOWN) GALE ILLNOIS
(STATE OR COUNTRY) UNION. Co—

MOTHER

15. MAIDEN NAME MAUDIE BAKER

16. BIRTHPLACE (CITY OR TOWN) PERRY Co
(STATE OR COUNTRY) MISSOURI

17. INFORMANT Arthur Ives
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Graggory DATE July 2 1935

19. UNDERTAKER None
(ADDRESS)

20. FILED July 10 1935 M U Murrina
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JULY 1ST 1935

22. I HEREBY CERTIFY, That I attended deceased from JULY 1, 1935, to JULY 1, 1935

I last saw him alive DEAD JULY 1, 1935. Death is said to have occurred on the date stated above, at 5 P m.

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

	Date of onset
PREMATURITY	

Other contributory causes of importance:

Name of operation X Date of X

What test confirmed diagnosis? X Was there an autopsy? X

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) Frank E Jones, M. D.

(Address) Bedden, 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.

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