J.R.R.

DEC 16 1935

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

Do not use this space.

35299

1. PLACE OF DEATH
County Butler — Registration District No. 88 — File No.
Township Neely — Primary Registration District No. 5130 — Registered No. 34
City ~~Butler County~~ (No. 15 miles S.W. of Poplar Bluff, St. ..... Ward)

2. FULL NAME Malette Ivey
(a) Residence, No. Butler Co., Mo. St., ... Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): About 1918
7. AGE: About 17 YEARS — MONTHS — DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: School
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): Butler Co., Mo.

FATHER
13. NAME: Ira Ivey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Webster Co, Kentucky

MOTHER
15. MAIDEN NAME: Minnie Armstrong
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Butler Co. Missouri

17. INFORMANT (ADDRESS): Ira Ivey, Butler Co., Mo.
18. BURIAL, CREMATION, OR REMOVAL: Kinsey Co.
PLACE: Poplar Bluff DATE: 11/6/35, 19
19. UNDERTAKER (ADDRESS): Frank Und. Co. Poplar Bluff, Mo.
20. FILED 12-3-1935 R. L. Turner, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 5, 1935
22. I HEREBY CERTIFY, That I ~~attended~~ viewed deceased from ....., 19....., to ....., 19.....
I last saw him alive on ....., 19..... Death is said to have occurred on the date stated above, at 11:30a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun shot wound in head - 12 guage shot gun charge into top of forehead	11/5/35

Other contributory causes of importance:

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Name of operation ..... Date of .....
What test confirmed diagnosis ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 11/5, 1935
Where did injury occur? Poplar Bluff Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Accidental discharge of shotgun
Nature of injury Top of head blown off

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) J. Richard Reynolds, ~~M.D.~~ Coroner
(Address) Poplar Bluff

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.