

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

Do not use this space.

1. PLACE OF DEATH **DEC 18 1935**

County **Howell**
Township.....
City **West Plains** (No.)

Registration District No. **384**
Primary Registration District No. **4227**

File No. **35908**
Registered No.
St. Ward)

2. FULL NAME **Edward Landon Ives.**

(a) Residence, No. **Webster** St., Ward.

(Usual place of abode)
Length of residence in city or town where death occurred **8** 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 **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 **Lola Robinson**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 27, 1859**

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
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8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Retired farmer**

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) **Litchfield, Conn.** (STATE OR COUNTRY)

13. NAME **Sabin Pond Ives.**

14. BIRTHPLACE (CITY OR TOWN) **Conn.** (STATE OR COUNTRY)

15. MAIDEN NAME **Aliée Landon**

16. BIRTHPLACE (CITY OR TOWN) **Conn.** (STATE OR COUNTRY)

17. INFORMANT **Mrs. Lola Ives.** (ADDRESS) **West Plains, Mo.**

18. BURIAL, CREMATION, OR REMOVAL **Oak Lawn Cem.** PLACE **West Plains, Mo.** DATE **Nov. 11, 1935**

19. UNDERTAKER **Hal Thomburg** (ADDRESS) **West Plains, Mo.**

20. FILED **11-11** 1935 **Vida W SIMONS** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov 9 1935**

22. I HEREBY CERTIFY, That I attended deceased from **Sept 27**, 19**35**, to **Nov 9**, 19**35**

I last saw him alive on **Nov 9**, 19**35** Death is said

to have occurred on the date stated above, at **10:30** a.m.
The principal cause of death and related causes of importance were as follows:

Diabetes

GA

Other contributory causes of importance
chronic hypostrophy of prostate
chronic cystitis

Date of onset

Name of operation..... Date of.....
What test confirmed diagnosis? *exam* 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) **E. E. Bahner**, M. D.
(Address) **West Plains, 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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