

JAN 27 1937

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

Do not use this space.

47333

1. PLACE OF DEATH  
 County Stoddard Registration District No. 836  
 Township \_\_\_\_\_ Primary Registration District No. 1507  
 City Berlin (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Leallie Ivester  
 (a) Residence, No. \_\_\_\_\_ i \_\_\_\_\_ 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.

File No. 61  
 Registered No. 61

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>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>B. T. Ivester</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 26-1873</u>		
7. AGE YEARS <u>63</u>	MONTHS <u>0</u>	DAYS <u>6</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <input checked="" type="checkbox"/>		
10. Date deceased last worked at this occupation (month and year) <input checked="" type="checkbox"/>		11. Total time (years) spent in this occupation <input checked="" type="checkbox"/>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dexter Mo.</u>		
13. NAME <u>Dont Ivester</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dont "</u>		
15. MAIDEN NAME <u>" "</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>" "</u>		
17. INFORMANT <u>Belmer Ivester</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Clannore County</u> DATE <u>12-3</u> 19 <u>36</u>		
19. UNDERTAKER <u>H. R. Craig</u> (ADDRESS) <u>Madison Mo.</u>		
20. FILED <u>12-3-</u> 19 <u>36</u> <u>Clarence Allen</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-2- 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-1- 1936 to 12-2- 1936  
 I last saw him alive on 12-2- 1936 Death is said to have occurred on the date stated above, at 2 P. m.  
 The principal cause of death and related causes of importance were as follows:  
Paralytic Stroke Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy?

23. If death was due to external cause (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) Dawson P. Ryan, M. D.  
 (Address) Berlin 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.

