

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

Do not use this space.

JUN 18 1937

19852

1. PLACE OF DEATH

77 County Cooper  
Township Boonville  
City Boonville (No. 2)

Registration District No. 218  
Primary Registration District No. 3298

File No. \_\_\_\_\_  
Registered No. 34 Ward \_\_\_\_\_

2. FULL NAME EDWARD IVERS

(a) Residence, No. \_\_\_\_\_ St. 1 Ward St. Louis Mo.  
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 7 1937

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

22. I HEREBY CERTIFY, That I attended deceased from not attended, 1937, to -, 19-

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1876  
7. AGE YEARS 61 MONTHS - DAYS - If LESS than 1 day, \_\_\_\_\_hra. or \_\_\_\_\_min.

I last saw h. \_\_\_\_\_ alive on not seen alive, 19- Death is said to have occurred on the date stated above, at 8:15 a.m.  
The principal cause of death and related causes of importance were as follows:

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

Crushed Chest due to being struck by automobile. May 7 1937

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

Other contributory causes of importance: \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? clinical Was there an autopsy? no

FATHER 13. NAME ALONZO IVERS  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NEW YORK CITY NEW YORK

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury May 7, 1937  
Where did injury occur? 1 1/2 mi west of Boonville Mo on Highway no 40. (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. On public highway

MOTHER 15. MAIDEN NAME NANCY JANE BRANDEY  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) PACADUCKA KY.

Manner of injury Struck by automobile  
Nature of injury Chest Crushed

17. INFORMANT Wm. H. IVERS (ADDRESS) St. Louis  
18. BURIAL, CREMATION, OR REMOVAL PLACE City Cem - DATE May 10 1937

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) J. C. Fincher, M. D.  
(Address) Boonville Mo. Coroner of Cooper County

19. UNDERTAKER STEGNER-KOENIG (ADDRESS) BOONVILLE MO

20. FILED May 10 1937 D. Cooper Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

