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.

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

Do not use this space.

32577

791

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 8631

City St. Louis, Mo. (No. Barnard Skin & Cancer Hospital St. ..... Ward)

2. FULL NAME William Ives

(a) Residence, No. ..... St., NR Ward. Belgrade, Missouri
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred - yrs. mos. 1 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Emma Ives

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 8th, 1868

7. AGE: YEARS 69 MONTHS 6 DAYS 5 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (His Own)

10. Date deceased last worked at this occupation (month and year) June 1937

11. Total time (years) spent in this occupation 59 Years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Steelville, Missouri

FATHER

13. NAME: Thomas Ives

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

MOTHER

15. MAIDEN NAME: Nancy Martin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

17. INFORMANT (ADDRESS): Bert Smith, 4320 McPherson Avenue

18. BURIAL, CREMATION, OR REMOVAL
PLACE Belgrade, Mo. DATE Sept. 15th 1937

19. UNDERTAKER (ADDRESS): Albert H. Hoppe Inc., 429 N. Euclid Avenue

20. FILED 9-14 1937 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from September 12th, 1937, to September 13th 1937

I last saw him alive on September 13, 1937. Death is said to have occurred on the date stated above, at 3:00 P.M.

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

Carcinoma of lip 10 Date of onset ?
C Metastases

Other contributory causes of importance: Myocarditis chronic

Name of operation ..... Date of .....

What test confirmed diagnosis? Biopsy 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? .....

If so, specify .....

(Signed) Bruce C. Martin, M. D.

(Address) Barnard Hospital

22-014