

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

15708
Do not use this space.

1. PLACE OF DEATH

(a) County DeWitt Registration District No. 1102
 (b) Township Dossola Primary Registration District No. 5870 Registered No.
 (c) City (d) Street No. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

160 Mrs. Mandy Ivory
 (a) Residence, No. Dossola, Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 10, 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 1 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc. House
 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) Miss.

FATHER 13. NAME Wash maldon?

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss.

MOTHER 15. MAIDEN NAME Lizzie Bush?

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss.

17. INFORMANT (ADDRESS) Will Ivory (husband)
Dossola, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Co. Farm DATE 4-28-40

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Steel mo

20. FILED Apr 26, 1940 Mrs. J. R. Cole
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 24, 1940

22. I HEREBY CERTIFY, That I attended deceased from April 24, 1940, to April 24, 1940.
 I last saw him alive on April 24, 1940. Death is said to have occurred on the date stated above, at 9 P.M.
 The principal cause of death and related causes of importance were as follows:

Cerebral apoplexy
 Date of onset 4/24

Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis? SYS 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) Asst. Surg., M. D.

(Address) Hagler, Mo.

5-40-7

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.