

SEP 23 1936

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

Do not use this space.

30691

1. PLACE OF DEATH
County Henry Registration District No. 347
Township White Oak Primary Registration District No. 5495
City Irish (No. _____) St. _____ Ward _____

2. FULL NAME John Eck Ivey
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 2 yrs. 1 mos. 26 ds. How long in U. S., if of foreign birth? 2 yrs. 1 mos. 26 ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Child</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 19th 1934</u>		
7. AGE	YEARS <u>2</u>	MONTHS <u>1</u>
	DAYS <u>26</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>none</u>	
	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) <u>Oklahoma</u>		
FATHER	13. NAME <u>Eck E. Ivey</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Oklahoma</u>	
	15. MAIDEN NAME <u>Reta M. Smith</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
17. INFORMANT <u>Eck E. Ivey</u> (ADDRESS) <u>Irish Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Irish Cemetery</u> DATE <u>Aug 15</u> 19 <u>36</u>		
19. UNDERTAKER <u>Smith & Graham</u> (ADDRESS) <u>Irish Mo.</u>		
20. FILED <u>8-22</u> 19 <u>36</u> <u>J. R. Hampton</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 15th 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 13th 1936 to Aug 15th 1936
I last saw him alive on Aug 15th 1936 Death is said to have occurred on the date stated above, at 3:45 A.M.
The principal cause of death and related causes of importance were as follows:
Gastro-Enteritis Acute
J. S. McDonald
Date of onset 8-10-36

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? Physi Was there an autopsy? _____

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) J. S. McDonald, M. D.
(Address) Irish, Mo.

A review 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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