

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.

AUG 15 1936

25533

1. PLACE OF DEATH

County Boonville
Township Washington
City St. Joseph (No. 200)

Registration District No. 85
Primary Registration District No. 1001
(No. 200 West St. Joseph)

File No. _____
Registered No. 891
St. _____ Ward _____

2. FULL NAME

John Inglis
(a) Residence, No. Union St. No. 200, St. _____, Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. _____ mos. 18 ds. _____ How long in U. S., if of foreign birth? 75 yrs. _____ mos. _____ 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 (<u>write the word</u>) <u>Widowed</u>			
5A. IF MARRIED, WIDOWED, OR DIVORCED— HUSBAND OF (or) WIFE OF <u>Sophronia Jane</u>					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 1 1858</u>					
7. AGE	YEARS <u>78</u>	MONTHS <u>8</u>	DAYS <u>3</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>Teacher</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Retired</u>				
	10. Date deceased last worked at this occupation (month and year) <u>1936</u>				
11. Total time (years) spent in this occupation. <u>12 1/2</u>					
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Canada</u>					
FATHER	13. NAME <u>Not known</u>				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Canada</u>				
	15. MAIDEN NAME <u>Jessie Campbell</u>				
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Scotland</u>				
	17. INFORMANT <u>Wm. G. Tappert</u> (ADDRESS) <u>High City, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Union St. No. 200</u> DATE <u>July 7 36</u>					
19. UNDERTAKER <u>St. Mary's Funeral Home</u> (ADDRESS) <u>St. Joseph, Mo.</u>					
20. FILED <u>July 6 1936</u> <u>W. J. Kellum</u> Registrar.					

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4 1936

22. I HEREBY CERTIFY That I attended deceased from July 1, 1936, to July 4, 1936.
I last saw him live on July 4, 1936. Death is said to have occurred on the date stated above, at 6 P. m.
The principal cause of death and related causes of importance were as follows:
Cerebral thrombosis
Acute dilatation heart
Date of onset _____

Other contributory causes of importance:
Chronic nephritis
Prostatic obstruction

Name of operation Resection tonsils Date of _____
What test confirmed diagnosis? Micro Was there an autopsy? Yes

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) H. S. Sarnal, M. D.
(Address) St. Joseph, Mo.

