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

Do not use this space.

8052

File No. .....

Registered No. 35

1. PLACE OF DEATH
County: Calloway — Registration District No. 104
Township: Fulton — Primary Registration District No. 3008
City: Fulton (No. ..... St. ..... Ward)

2. FULL NAME: John Ingram

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

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Don't Know

7. AGE: Years 74 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't Know

PARENTS
10. NAME OF FATHER: Don't Know.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): " "
12. MAIDEN NAME OF MOTHER: Don't Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): " "

14. INFORMANT: Hospital records
(Address)

15. FILED: Mar 5 1928 — R. N. Creen, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mch 5 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1928, to Mch 5, 1928, that I last saw h. alive on Mch 5, 1928, and that death occurred, on the date stated above, at 11.45 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchial Pneumonia
936 [illegible] 1013
(duration) ..... yrs. 1 mos. ..... ds.
CONTRIBUTORY (SECONDARY): Chronic Myocarditis,
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? ..... DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) C. R. Remley, M. D.
3-5, 1928 (Address) Fulton Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: McCubeStation, Mo, — DATE OF BURIAL: D, K, 19

20. UNDERTAKER: Bowling Green, Mo Herndon-Taylor Furn-Co, — ADDRESS: Fulton, Mo,

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.