

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

Do not use this space.

14240

1. PLACE OF DEATH

County Madison Registration District No. 619 File No. _____
 Township Acheson Primary Registration District No. 5821 Registered No. 6
 City Charmont (No. _____) St. _____ Ward _____

2. FULL NAME Elizabeth Ingram

(a) Residence. No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 87 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

female white widowed

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

Godson Ingram

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 27-1898

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
89 9 24

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work housekeeper
 (b) General nature of industry, business, or establishment in which employed (or employer) farm
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

PARENTS

10. NAME OF FATHER Ephram Johnson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Va.

12. MAIDEN NAME OF MOTHER Margaret Allen

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Va.

14. INFORMANT Mrs Charles Lytle
 (Address) Charmont, Mo.

15. FILED 10/21/28 W. Wiley
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 21 1928

17. I HEREBY CERTIFY, That I attended deceased from July, 1922, to 4/21, 1928 that I last saw h. alive on 3/20, 1928, and that death occurred, on the date stated above, at 1:00 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage

CONTRIBUTORY (SECONDARY)

1/401

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) W. Wiley, M. D.

4/21/28 (Address) Stoptons 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

DATE OF BURIAL

Sharer am

April 23 1928

20. UNDERTAKER

A. J. Stillman 2608

ADDRESS Bedford Iowa

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.

