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

Do not use this space.

17719

1. PLACE OF DEATH
County Linn — Registration District No. 1084 — File No.
Township Jackson — Primary Registration District No. 5662 — Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Ila May Singleton
(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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 11

7. AGE — YEARS — MONTHS — DAYS 21 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Linn Co. (STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Nola Singleton
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Linn Co. (STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Dorothy Talbert
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Sullivan Co. (STATE OR COUNTRY) Mo.

14. INFORMANT Chas. Singleton (Address) Browning Mo.

15. FILED 5-10-1928. J. M. Canada REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 2 1928

17. I HEREBY CERTIFY, That I attended deceased from May 1, 1928, to May 3, 1928 that I last saw her alive on May 2, 1928 and that death occurred, on the date stated above, at 5:10 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute indigestion
11 8 C
..... (duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (SECONDARY) .....
..... (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) H. Pfanning, M. D.
, 19 (Address) Purdin 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: Morris Chapel — DATE OF BURIAL: May 3 1928

20. UNDERTAKER: L. W. Hummel — ADDRESS: Browning 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.