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

Do not use this space. 36078

1. PLACE OF DEATH
County Sullivan — Registration District No. 929 — File No. 36004
Township Pleasant Hill — Primary Registration District No. 6022 — Registered No. 13
City Browning (No. ..... St. ..... Ward)

2. FULL NAME Effie Maude Ingraham
(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 9 yrs. 9 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: S. J. Ingraham

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct 2 1876.

7. AGE: Years 53 — Months — Days 15 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House-keeper
(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): Browning, Mo.

PARENTS
10. NAME OF FATHER: J. W. P. McQuown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Browning Mo.
12. MAIDEN NAME OF MOTHER: Julia Davis
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ohio.

14. INFORMANT (Address): C. J. Ingraham, Browning Mo.

15. FILED 10-25, 1929 J W Rogers REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct.-17-1929

17. I HEREBY CERTIFY, That I attended deceased from Sept 28, 1929, to Oct 17, 1929, that I last saw her alive on Sept 28, 1929, and that death occurred, on the date stated above, at 1:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of left breast

50 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 47 (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) M. L. Harvey, M. D.
10/17, 1929 (Address) Browning 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: Kaufong — DATE OF BURIAL: Oct 18 1929

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.