APR 30 1930

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

Do not use this space.

9890

1. PLACE OF DEATH

County: Ralls

Township: Saline

City: ..... (No. ....., ... St. ..... Ward)

Registration District No. 930

Primary Registration District No. 5962

File No. .....

Registered No. .....

2. FULL NAME Joseph Marion Engle

(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. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Frances Engle.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April-4th-1850.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	79	11	8	

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

9. BIRTHPLACE (CITY OR TOWN) Monroe Co
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER John Engle

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

12. MAIDEN NAME OF MOTHER Dont Know

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

14. INFORMANT Lula Engle
(Address) Huntington, Mo.

15. FILED 3/4, 1930 J. E. Floyd
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March-12th 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 5th, 1929, to March 12th, 1930, that I last saw him alive on Jan 10th, 1930, and that death occurred, on the date stated above, at 7- p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Bronchitis

106.8

165 (duration) 2 yrs. 8 mos. — ds.

CONTRIBUTORY (SECONDARY) Senility

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

18. WHERE WAS DISEASE CONTRACTED .....
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) M. E. Dipkrice M. D.

3/13, 1930 (Address) Monroe City, 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 Venial Cemetary Ralls Co. — DATE OF BURIAL 3-14 1930.

20. UNDERTAKER Wilson + Son — ADDRESS Monroe City 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.

WHITE PAPER, WITH ONE ABOVE INK, THIS IS A PERMANENT RECORD