

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

NOV 24 1930

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

Do not use this space.

29765
86

1. PLACE OF DEATH

County Knowles
Township West Plains
City West Plains (No.)

Registration District No. 3821
Primary Registration District No. 4227

File No.
Registered No.
St. Ward)

2. FULL NAME

Mary Lou Ingold

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE whit 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) 9/17/30

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
9

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) West Plains, Mo.
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Everett Ingold

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

12. MAIDEN NAME OF MOTHER Mazel Bastow

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

14. INFORMANT Mazel B. Ingold
(Address) West Plains, Mo

15. FILED 9-19-30 O. B. Heinrich
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9/17 1930

17. I HEREBY CERTIFY, That I attended deceased from 9-8- 1930, to 9-17- 1930.
that I last saw him alive on 9-17- 1930, and that death occurred, on the date stated above, at 10:30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

162- Pneumonia Neonatorum
(Streptococcus)

1555 (duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY) 36 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 15413

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH. DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) E. Claude Rohrer, M. D.

7-19- 1930 (Address) West Plains, 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 Coke Lumber Co. Burial DATE OF BURIAL 9/19 1930

20. UNDERTAKER McFarland's ADDRESS West Plains, Mo.

