

DEC 20 1930

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

Do not use this space.

35251

1. PLACE OF DEATH

County Adair

Registration District No. 4

Township Perrysville Mo.

Primary Registration District No. 3001

City Perrysville Mo.

No. Laughlin Hosp

File No. 166

Registered No. 166

St. _____ Ward _____

2. FULL NAME

Blyde Blaine Ingalls

(a) Residence. No. Pittsfield, Illinois Ward. Pittsfield Ill

(If non-patient, give city or town and State)

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 Male 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 Mary E. Ingalls

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 5, 1882

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 48 5 27

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

9. BIRTHPLACE (CITY OR TOWN) Perry (STATE OR COUNTRY) Pike Co. Illinois

10. NAME OF FATHER A. W. Ingalls

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't know (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Ellen Barlow

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Lewistown (STATE OR COUNTRY) Fulton Co. Illinois

14. INFORMANT Mary E. Ingalls (Address) Pittsfield, Illinois

15. FILED 11/17 1930 Mrs C.H. Becker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11/3 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 26, 1930, to Nov 3, 1930, that I last saw him alive on Nov 3, 1930, and that death occurred, on the date stated above, at 7 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

apoplectic

18. WHERE WAS DISEASE CONTRACTED (duration) yrs. mos. ds. 12-13

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds. 11/13

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? yes DATE OF Nov 1, 30

19. WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS (Signed) Geo W. Searcy, M.D. 19 (Address) Pittsfield 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 Pittsfield, Illinois DATE OF BURIAL 11/6 1930

20. UNDERTAKER James W. Johnson ADDRESS Pittsfield

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.

