

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

Do not use this space.

**1. PLACE OF DEATH**

County Union  
Township Orange  
City..... (No.....) St..... Ward.....

Registration District No. 871  
Primary Registration District No. 615-5

4304-A  
File No.....  
Registered No. 9  
St..... Ward.....

**2. FULL NAME**

Marietta Ingram

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

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>1915-15-5</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<u>15</u>	<u>9</u>	<u>12</u>	

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

9. BIRTHPLACE (CITY OR TOWN) Orange, Ind  
(STATE OR COUNTRY) Ind

10. NAME OF FATHER Edward Ingram  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ind  
12. MAIDEN NAME OF MOTHER Olivia Reese  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ind

14. INFORMANT Mrs. Edgar Ingram  
(Address) Rich Hill, Ind R.F.D.

15. FILED Feb 12 1932 C. H. Messer, M. D.  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 17 1931  
17. I HEREBY CERTIFY, That I attended deceased from Nov 22 1921 to June 17 1931, 1931 that I last saw him alive on June 17 1931 and that death occurred, on the date stated above, at 12 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Indigestion  
1136 (duration) yrs. mos. ds.  
CONTRIBUTORY (SECONDARY) 110 (duration) yrs. mos. ds.  
18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....  
WAS THERE AN AUTOPSY?.....  
WHAT TEST CONFIRMED DIAGNOSIS.....  
(Signed) [Signature] M. D.  
1931 (Address) [Address]  
\*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 Balltown Cemetery DATE OF BURIAL 1/29 1931  
20. UNDERTAKER Death Bungalow Rich Hill Ind ADDRESS

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.

4304-1 MAR 25 1932

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