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

Do not use this space.

1. PLACE OF DEATH

County Franklin — Registration District No. 293 — File No. 30956

Township Calvey — Primary Registration District No. 5416 — Registered No. 45

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

2. FULL NAME Irene A. Ingalls

(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: 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: Edw. Ingalls

6. DATE OF BIRTH (MONTH, DAY AND YEAR): September 22 1858

7. AGE: 72 YEARS — MONTHS: II — DAYS: I2 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): Cedar Hill
(STATE OR COUNTRY): Missouri.

PARENTS

10. NAME OF FATHER: Iseral Lee
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Cedar Hill
(STATE OR COUNTRY): Missouri.
12. MAIDEN NAME OF MOTHER: Matilda Wideman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY): South Carolina.

14. INFORMANT: Edw Ingalls
(Address): Robertsville, Mo.

15. FILED 9-4, 1931. Hele M. Thieber
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): September 3 1931

17. I HEREBY CERTIFY, That I attended deceased from 6-3-, 1931, to 9-8-, 1931, that I last saw her alive on 9-1-, 1931, and that death occurred, on the date stated above, at 2-30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Colon
46C
46C
(duration) 1 yrs. 4 mos. 1 ds.

CONTRIBUTORY (SECONDARY): none
(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) D. E. Williams, M. D
9-3-, 1931 (Address) Union 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: Grubville Church Cemetery, Grubville, Mo. — DATE OF BURIAL: 9/6 1931

20. UNDERTAKER: Union Furniture Co. By Wm H. Horn — ADDRESS: Union, 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.

OCT 22 1931