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

Do not use this space.

35004

1. PLACE OF DEATH
County: Madison
Township: Polk
City: ..... (No. ....., ... St. ..... Ward)
Registration District No.: 308
Primary Registration District No.: 5729
File No.:
Registered No.:

2. FULL NAME: Ishmael Inman

(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: Male
4. COLOR OR RACE: White
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): May 1922

7. AGE: Years 9 Months 7 Days ~~Mo. 1st Jan~~ If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): Madison Co.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER: Theo. Inman
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Madison Co. Mo
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER: Ezra Ella Nora
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Madison Co. Mo
(STATE OR COUNTRY)

14. INFORMANT: Theo. Inman
(Address): Silver Mines Mo

15. DATE: Oct 9, 1931 C. U. Davis REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct 8 1931

17. I HEREBY CERTIFY, That I attended deceased from Oct 5, 1931, to Oct 8, 1931, that I last saw him alive on Oct 7, 1931, and that death occurred, on the date stated above, at 6 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Diphtheria
10 (duration) ..... yrs. ..... mos. ..... ds.

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? ..... DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS? From State
(Signed) M. B. Burbee, M. D.
Oct 8, 1931 (Address) Fredericktown

*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: Ashlock Cemetery
DATE OF BURIAL: Oct 9, 1931

20. UNDERTAKER
ADDRESS