

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

Do not use this space.

41094

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. 214 Garfield Avenue)

Registration District No. 399
Primary Registration District No. 7

File No. 5083
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Amanda Ingram
(a) Residence, No. 214 Garfield Avenue St. 9 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF H. R. Ingram

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 8, 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
80 1 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa Centerville

13. NAME Elsbery W. Reynolds

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryland

15. MAIDEN NAME Ann Berkley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Mrs. Maude L. Mc Cleure
214 Garfield Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE Carrollton DATE Dec 26 1931

19. UNDERTAKER (ADDRESS) Street Mc Cleure
2225 Goldsboro Plaza

20. FILED 12/24 1931 M. M. Crawford
Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 24 1931

22. I HEREBY CERTIFY, That I attended deceased from four years previous 1927, to Dec. 24, 1931.

I last saw her alive on Dec. 24, 1931. Death is said

to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows:

Senility

930
100
930

Other contributory causes of importance:

Myocarditis, Chronic

Date of onset

Name of operation _____ Date of _____

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) G. H. Taylor, M. D.

(Address) 5728 Harrison St.

0708

10.24.1 - 2.5.10