

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

Do not use this space.

32335

1. PLACE OF DEATH

County Gascon

Registration District No. 399

Township Law

Primary Registration District No. 1202

City Kansas City (No. 1202) General Hosp.

File No. _____
Registered No. 3004
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 4204 E. 9th St. 9 Ward.

(Usual place of abode)
Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 OR (OR) WIFE OF Sophia E. Ingram

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 26/1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 | 2 | 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 30 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

13. NAME Andrew Ingram

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

15. MAIDEN NAME Hester Haddock

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

17. INFORMANT (ADDRESS) Peard Clark

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Ann's, Iowa DATE Oct 1932

19. UNDERTAKER (ADDRESS) Mrs. C. L. Foster
918 S. Washington, Ave.

20. FILED 10-14 1932 M. M. Crowe
Regist. act.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-13-1932

22. I HEREBY CERTIFY, That I attended deceased from 8-8, 1932, to 10-13, 1932

I last saw him alive on 10-13, 1932 Death is said to have occurred on the date stated above, at 12:00 p.m.

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

Emphysema with arteritis obliterans with gangrene of right hip

Other contributory causes of importance: 99

Name of operation Amputation Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

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? _____ If so, specify _____

(Signed) P. E. Williams M. D.
10-13-32 (Address) Supt. K. C. Gen. Hosp. K. C. Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

