

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

Do not use this space.

36719

1. PLACE OF DEATH

County Pike Registration District No. 689 File No.
Township Buffalo Primary Registration District No. 591W Registered No.
City (No. Mt Zion Sch Dist) St. Ward)

2. FULL NAME

Henry Joseph Ingram
(a) Residence, No. Mt Zion Sch Dist St. Ward. (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>widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Julia Ann H. Ingram</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 14 1861</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>71</u>	<u>1</u>	<u>23</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>			
	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) <u>Pike Co. Mo. 1</u>				
FATHER	13. NAME <u>Iveson Ingram</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>N. C. 2</u>			
MOTHER	15. MAIDEN NAME <u>Miss Henderson</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know 3</u>			
17. INFORMANT (ADDRESS) <u>M. M. Ingram</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt Zion Cemetery</u> STATE <u>Mo.</u> DATE <u>Nov. 9, 1932</u>				
19. UNDERTAKER (ADDRESS) <u>Grace Bankhead</u>				
20. FILED <u>11-9 1932</u> <u>H. H. Hally</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-8-1932

22. I HEREBY CERTIFY, That I attended deceased from 6-26-32, 1932, to Nov 8-1932
I last saw him alive on 10-25-32, 1932. Death is said to have occurred on the date stated above, at 30 m.
The principal cause of death and related causes of importance were as follows:
Cypbery Chronic Interstitial Nephritis 2003 yrs
Date of onset 2/31
Other contributory causes of importance:

Name of operation Abund Date of etc
What test confirmed diagnosis? Abund Was there an autopsy? etc

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) H. H. Edgell, M. D.
(Address) Bowling Green 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.

JAN 9 1933

