

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

Do not use this space.

42826

1. PLACE OF DEATH

County Scott
Township My waffety
City (No.) Ward

Registration District No. 818
Primary Registration District No. 5762

File No.
Registered No. 109 St. Ward

2. FULL NAME

Eveline Ingram
(a) Residence, No. North Dulstedt Mo. 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 Black 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) Jan-30-1932
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 10 10

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Dulstedt Mo

13. NAME Eveline Ingram

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

15. MAIDEN NAME Eveline Scott

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

17. INFORMANT Dick Ingram (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Charleston DATE 12-11-1932

19. UNDERTAKER Charleston Funeral Home Co (ADDRESS) Charleston Mo

20. FILED Dec-10 1932 F. D. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at m.

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

This infant brought to the office and died before physician saw it - suspect to have died of pneumonia.

Other contributory causes of importance:

109 / 09 (Date of onset)

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

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) C. U. Harris, M. D.
(Address) Moody 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.

