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

Do not use this space.

20012

File No. 2733

Registered No.

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City, Mo. (No. 4204 East 9th St. St. Ward)

Registration District No. 399
Primary Registration District No. 1002

2. FULL NAME Mrs. Sophia E. Ingram

(a) Residence, No. 4204 East 9th St. 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 29, 1862

7. AGE: Years 71 | Months 5 | Days 1 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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

FATHER
13. NAME William Goranflo
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Sophia Hauser
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mrs. Sarah L Keeney
(ADDRESS) 4204 East 9th

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Ayr, Iowa DATE 7/1/33, 19

19. UNDERTAKER R.V. Lindsey & Sons
(ADDRESS) 3811 Broadway

20. FILED July 1, 1933 M M Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1933, to June 30, 1933
I last saw h. alive on June 30, 1933. Death is said to have occurred on the date stated above, at 10 30 a.m.
The principal cause of death and related causes of importance were as follows:

Cardiac Dropsy — Date of onset

Other contributory causes of importance:

Gastric Ulcer

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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? .....
If so, specify .....
(Signed) W C Martin, M. D.
(Address) 3721 Broadway

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.