WRITE PLAINLY WITH INFADING 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.

JUL 21 1933

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

Do not use this space.

20264

1. PLACE OF DEATH

56 County Lewis — Registration District No. 477 — File No.

Township Canton — Primary Registration District No. 3641 — Registered No. 30

City ..... (No. ..... St. ..... Ward)

2. FULL NAME George Henry Ingram

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Lucy Baxter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 17 1850

7. AGE: YEARS 83 — MONTHS 3 — DAYS 17 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Day labour
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): Louisville Kentucky

FATHER

13. NAME: Thornton Ingram
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky.

MOTHER

15. MAIDEN NAME: Henrietta Ramsey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky.

17. INFORMANT (ADDRESS): Mrs Lucy Ingram R-1 Canton Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bluff Springs DATE June 6, 1933

19. UNDERTAKER (ADDRESS): Earl H Barkley Canton Mo.

20. FILED June 6, 1933 H. W. Harris Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 28, 1933, to June 4, 1933

I last saw him alive on June 1, 1933. Death is said to have occurred on the date stated above, at 6 a. m.

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

Carcinoma of Rectum — Date of onset: Unknown

46D 46a

Other contributory causes of importance:

Name of operation: none — Date of

What test confirmed diagnosis? Examination — 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) H. W. Harris, M. D.

(Address) Canton Mo.