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.

SEP 26 1933

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

Do not use this space.

26476

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 3214
Township Raw — Primary Registration District No. 1002 — Registered No.
City K. C. Mo. (No. General Hospital #2 St. 3rd Ward)

2. FULL NAME Mary Ingram
(a) Residence, No. 1416 E. 17th St. Apt. B. 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 Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown
7. AGE About 52 YEARS MONTHS DAYS If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
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) Ark.

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Record Clerk General Hosp #2

18. BURIAL, CREMATION, OR REMOVAL
PLACE West Lawn DATE 8-12, 1933

19. UNDERTAKER (ADDRESS) K. C. Emb & Casket Co 440 State ave K. C. Kansas

20. FILED Aug 11, 1933 M M Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-9, 1933

22. I HEREBY CERTIFY, That I attended deceased from 7-6, 1933, to 8-9, 1933
I last saw her alive on 8-9, 1933 Death is said to have occurred on the date stated above, at 6:30 AM
The principal cause of death and related causes of importance were as follows:
Chronic Arteriolosclerosis of the Kidneys — Date of onset
131
107B
131
Other contributory causes of importance:
Broncho Pneumonia

Name of operation ..... 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? No
If so, specify .....
(Signed) G. O. Thomas, M. D.
(Address) General Hosp. #2