

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

Do not use this space.

34482

File No. 8628
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. 791
Township _____ Primary Registration District No. 1003
City St. Louis Mo. (No. Barnes Hospital)

2. FULL NAME Caroline Ingram

(a) Residence, No. 1920 Morgan St. St. 25 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
opt 54 5 -

8. Trade, profession, or particular kind of work done, as splinner, 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) Bolivia (STATE OR COUNTRY) Tenn.

13. NAME unknown

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

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) _____

17. INFORMANT Chas. Lambert Jr. (ADDRESS) 2635 Lucas ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Father Dickson Cem DATE 10-6- 1933

19. UNDERTAKER Ellis Funeral Home (ADDRESS) 2826 St. Louis St.

20. FILED 10-1-1933 J. Bredek Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10 - 7 - 1933

22. I HEREBY CERTIFY, That I attended deceased from 9 - 8 - 1933, to 10 - 7 - 1933.

I last saw h. aw alive on 10 - 9 - 1933. Death is said to have occurred on the date stated above, at 1943rd.

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

Chronic Nephritis with Uremia
Tuberculous Pulmonary

Other contributory causes of importance Hypertension

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) Kob. Konic, M. D.
(Address) 600 So King Highway

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.

NOV 10 1933

235

3

31

31

V. S. NO. 3

