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.

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

SEP 13 1934

Do not use this space.

No. 29799

1. PLACE OF DEATH
County: Jasper
Township:
City: Webb City (No. ..... St. ..... Ward)

Registration District No. 417
Primary Registration District No. 3021

File No.
Registered No. 85

2. FULL NAME: Thomas Calloway Ingelett

(a) Residence, No. 827 W 4th 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: 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: Della Ingelett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 30 1859

7. AGE: Years 75 Months 2 Days X If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: District Manager
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Security Benefit Assn
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): Ottawa Iowa

FATHER

13. NAME: Frank Ingelett
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER

15. MAIDEN NAME: Martha Calloway
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Frank Ingelett Pittsburg Kansas

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mount Hope Cem. DATE: 8/31 1934

19. UNDERTAKER (ADDRESS): Webb City Undertaking Co. Webb City Mo

20. FILED: 8-31 1934 J. L. Craig Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 29, 1934, to Aug 30, 1934

I last saw him alive on Aug 29, 1934. Death is said to have occurred on the date stated above, at 2 p. m.

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

	Date of onset
Chronic myocarditis	
99%	
99%	
Other contributory causes of importance:	
Arterio sclerosis	

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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) R. M. Stonecout, M. D.
(Address) Webb City Mo