

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

Do not use this space.

JAN 11 1935

**1. PLACE OF DEATH**

84  
5  
1  
County Polk Registration District No. 704  
Township \_\_\_\_\_ Primary Registration District No. 4425  
City Marionville (No. \_\_\_\_\_) St. \_\_\_\_\_ (Ward) \_\_\_\_\_

File No. 44051  
Registered No. \_\_\_\_\_

**2. FULL NAME**

James Monroe Ingram  
(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ada Griffin</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>October 31st 1875</u>		
7. AGE	YEARS	MONTHS
	<u>59</u>	<u>1</u>
		<u>14</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Carpenter</u>		
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) <u>December, 1934</u>		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Polk County, Missouri</u>		
13. NAME <u>William M. Ingram</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>		
15. MAIDEN NAME <u>Matilda Scroggins</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
17. INFORMANT <u>Ambie Ingram</u> (ADDRESS) <u>Marionville Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Green Cemetery</u> DATE <u>December - 18 1934</u>		
19. UNDERTAKER (ADDRESS) <u>Brim General Store</u> <u>Walnut Grove Mo</u>		
20. FILED <u>Dec 16 1934</u> <u>Great Dawn</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 16 1934

22. I HEREBY CERTIFY, That I attended deceased from December 15 1934 to December 15 1934  
I last saw him alive on December 15 1934 Death is said to have occurred on the date stated above, at 3 p.m.  
The principal cause of death and related causes of importance were as follows:  
Coronary Thrombosis  
AAA  
1180 94/4  
Other contributory causes of importance:  
Acute Gastric Dilatation  
with Acute Indigestion

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) W. J. Harned, M. D.  
(Address) Marionville, Mo.

WRITE EXACTLY 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.

28  
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