

SEP 20 1935

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

Do not use this space.

28136

1. PLACE OF DEATH

County Greene Registration District No. 318Township Camden Primary Registration District No. 2001City Yarnsfield Mo (No. 742) New

File No.

Registered No. 353

St. Ward)

2. FULL NAME Kate Ingram(a) Residence, No. 742 New St., Ward,
(Usual place of abode) (If nonresident, give city or town and State)Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 4th 18707. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or, min.
65 6 2OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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 occupation12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) TennFATHER
13. NAME S. M. King14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) CoalingMOTHER
15. MAIDEN NAME Mary Ann New16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Coaling17. INFORMANT J. P. Mott
(ADDRESS)18. BURIAL, CREMATION, OR REMOVAL PLACE East Lawn DATE Aug 8th 19 3519. UNDERTAKER Floyd Fox
(ADDRESS) 629 W. Walnut20. FILED 8-8- 19 35 Rutledge
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 6 19 3522. I HEREBY CERTIFY, That I attended deceased from July 31 19 35 to Aug 6 19 35I last saw her alive on Aug 5th 19 35. Death is saidto have occurred on the date stated above, at 8 .m.

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

S. V. P. Syndrome
Cardiac FailureOther contributory causes of importance: 1 1/2SenilityName of operation None Date ofWhat test confirmed diagnosis? 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) Clay Fortwugh, M. D.(Address) 214 So. Jefferson

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.

