SEP 9 1935

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

Do not use this space.

26259

File No.

Registered No. 11

1. PLACE OF DEATH

County Henry Registration District No. 349

Township ~~Blackwater~~ Primary Registration District No. 4307

City Calhoun (No. , St. Ward)

2. FULL NAME John Ingle

(a) Residence, No. (Usual place of abode) Calhoun Mo. St., Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 17, 1842

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	93	6	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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 occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adrian Missouri

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) Nathan Ingle Calhoun Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Leavenworth Kan. DATE 8-21-1935

19. UNDERTAKER (ADDRESS) Fred Wilkinson Clinton Mo.

20. FILED 8-20, 1935 Mrs. A. A. Gray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-19, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1935, to Aug. 18, 1935

I last saw him alive on Aug. 18, 1935 Death is said to have occurred on the date stated above, at 8 40 P.M.

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

	Date of onset
Senility	
G. I.	

Other contributory causes of importance: Valvular elision of the Heart

Name of operation None Date of

What 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) H. E. Rolan, M. D.

(Address) Calhoun Mo

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.