

NOV 9 1935

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

791  
1003

Do not use this space.

8448  
34030

1. PLACE OF DEATH

County ..... Registration District No. ....  
Township ..... Primary Registration District No. ....  
City St. Louis (No. St. Lukes Hospital) St. .... Ward) .....

2. FULL NAME

Belle Ingraham

(a) Residence, No. 6600 Washington St. 5 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 16, 1870  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
60-65- 1 27 21

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Kansas?

13. NAME Unknown

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

15. MAIDEN NAME Caroline

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " "

17. INFORMANT Mrs M. W. Houston  
(ADDRESS) 1735 E. 75th St Kansas City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Laurel Hill Cem DATE Oct 9, 1935

19. UNDERTAKER Alexander and Sons  
(ADDRESS) 6375 Delmar Blvd

20. FILED OCT - 8 1935 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 7 19 35

22. I HEREBY CERTIFY, That I attended deceased from 10-1-1935 to 10-7-1935

I last saw h. et al. alive on 10-7-1935 Death is said to have occurred on the date stated above, at 3:35 P.m.

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

Pulmonary tuberculosis Date of onset ?  
Chronic myocarditis ?  
Acute pulmonary edema 10-6-35

Other contributory causes of importance: 20

Name of operation ..... 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) C. J. Johnson M. D.  
(Address) St. Lukes Hospital

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.

