

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

Do not use this space.

JAN 13 1936

38520

1. PLACE OF DEATH

County Bates
Township Howard
City Hume (No. _____, St. _____ Ward _____)

Registration District No. 51
Primary Registration District No. 4030

File No. 44
Registered No. _____

2. FULL NAME Aseneth M. Ingersoll

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</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>George Henry Ingersoll</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 10-1865</u>		
7. AGE YEARS <u>70</u>	MONTHS <u>8</u>	DAYS <u>1</u>
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</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).....	11. Total time (years) spent in this occupation
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>El Paso Texas</u>	
	13. NAME <u>Burr P. Hereford</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>West Virginia</u>	
	15. MAIDEN NAME <u>Aseneth Campbell</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>	
FATHER	17. INFORMANT (ADDRESS) <u>Geo. Ingersoll Hume Mo</u>	
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hume Cemetery</u> DATE <u>Dec 13-1935</u>	
19. UNDERTAKER (ADDRESS) <u>A. W. McConnell Hume Mo</u>		
20. FILED <u>Dec 20, 1935</u> <u>Fern H. Maatan</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 3, 1935, to Dec 11, 1935

I last saw her alive on Dec 11, 1935. Death is said

to have occurred on the date stated above, at 9 P. m.

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

Cerebral Thrombosis

Date of onset

1/1-35

Other contributory causes of importance:

Hyposplenicosis

1900

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? No

If so, specify _____

(Signed) A. S. Caypool D.O.

(Address) Hume, Mo.

