

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.

JAN 18 1936 MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

4291

1. PLACE OF DEATH

County Vernon Registration District No. 875  
Township Washington Primary Registration District No. 6162  
City (No. ) St. Ward

File No. \_\_\_\_\_  
Registered No. 3 St. Ward

2. FULL NAME

Edward Ingles  
(a) Residence, No. State Hospital #3 St. Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. 11 mos. 24 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>single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 8, 1890</u>				
7. AGE	YEARS <u>45</u>	MONTHS <u>6</u>	DAYS <u>26</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>miner (coal)</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 FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Krebs, Okla.</u>			
	13. NAME <u>Pro. Ingles</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Westland</u>			
	15. MAIDEN NAME <u>Eliz. Hunter</u>			
MOTHER FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Westland</u>			
	17. INFORMANT <u>David Ingles, Kankawine, Mo.</u> (ADDRESS)			
18. BURIAL, CREMATION, OR REMOVAL <u>Ditchburg, Kans</u> DATE <u>Jan 4, 1936</u>				
19. UNDERTAKER <u>Thy Funeral Home</u> (ADDRESS) <u>Westland, Mo</u>				
20. FILED <u>Jan 4, 1936</u> <u>M. E. Schinger</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 11, 1928, to Jan 4, 1936  
I last saw him alive on Jan 11, 1936 Death is said to have occurred on the date stated above, at 10:45 am.  
The principal cause of death and related causes of importance were as follows:  
Chorea major (Huntington's C.) Date of onset several years

Other contributory causes of importance: Myocardial infarct

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical 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) J. T. O. Bell, M. D.  
(Address) Quade, Mo

