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.

OCT 15 1936

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

Do not use this space.

34592

1. PLACE OF DEATH
County Jackson — Registration District No. 395 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No. 4325
City Kansas City (No. St Joseph Hospital St. Ward)

2. FULL NAME Charles L Ingram
(a) Residence, No. 3001 Paseo 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Gladys L Ingram

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec-15-1885

7. AGE: YEARS 50 — MONTHS 9 — DAYS 9 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: City Treasurer Dept
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: K.C. Mo
10. Date deceased last worked at this occupation (month and year): Sept-1936
11. Total time (years) spent in this occupation: 25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas City Mo

FATHER
13. NAME: David R Ingram
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Carrie P Johnson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Calif

17. INFORMANT (ADDRESS): Mrs Gladys L Ingram 3001 Paseo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Elmwood DATE: Sept 26, 1936

19. UNDERTAKER (ADDRESS): Dwyer Comers Sons Kansas City - Mo

20. FILED: Sept 25, 1936 M. M. Crowe, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 1—, 1936, to Sept 24, 1936
I last saw him alive on Sept 24, 1936. Death is said to have occurred on the date stated above, at 8:50 A.m.
The principal cause of death and related causes of importance were as follows:

Lobar pneumonia, 108

Date of onset

Other contributory causes of importance: Cardio-vascular-Renal disease.

Name of operation ..... Date of .....
What test confirmed diagnosis? Autopsy Was there an autopsy? yes

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) [signature], M. D.
(Address) 724 Aeg 96 Bldg

724 Argyle Bldg
304 E12-St