

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

Do not use this space.

OCT 23 1936

35118

1. PLACE OF DEATH

County Nodaway Registration District No. 627
Township Union Primary Registration District No. 5829
City Union (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME Samuel Thomas Ingels

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
(write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 20, 1936

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF Jane M. Ingels
(OR) WIFE OF

22. I HEREBY CERTIFY, That I attended deceased from Apr 30, 1936 to Sept 20, 1936
I last saw him alive on Sept 25, 1936 Death is said to have occurred on the date stated above, at 4 a.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 19, 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
85 10 1

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

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 _____

Valvular disease of heart Date of onset Not known

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nodaway Co. Mo.

Other contributory causes of importance: Senile Debility

13. NAME Wm. Ingels

Name of operation None Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? No

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

15. MAIDEN NAME Nancy Nash

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

17. INFORMANT A.A. Ingels, Pickering, Mo.
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE White Oak DATE Sept, 22 36

19. UNDERTAKER Price Funeral Home
(ADDRESS) Maryville, Mo.

20. FILED Sept 23 1936 Mrs Lloyd Killian
Registrar.

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) Ernest L. Brownson, M. D.
(Address) Pickering Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

