MAR 23 1937

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

Do not use this space.

1. PLACE OF DEATH

County: Newton — Registration District No.: 1046 5810 — File No.: 7448

Township: Shoalsville — Primary Registration District No.: [redacted] — Registered No.:

City: Route #2 Seneca, Mo. (No. ..... St. ..... Ward)

2. FULL NAME: Angaline Ledbetter

(a) Residence, No.: Rt #2 Seneca St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred: 72 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF ~~MARRIED, WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF: Joseph C. Ledbetter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 31, 1861

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	75	6	10	

OCCUPATION

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): Keesburg Illinois

FATHER

13. NAME: Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER

15. MAIDEN NAME: Unknown

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

17. INFORMANT (ADDRESS): Henry C. Ledbetter Rt #2 Seneca, Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~: Fairview Cemetery DATE: Feb. 16, 1937

19. UNDERTAKER (ADDRESS): Langdon Mortuary 1502 Joplin St. Joplin Mo

20. FILED: 2-16, 1937 Ed B. James, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): February 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-10, 1937, to 2-10, 1937

I last saw her alive on Jan. 25, 1937. Death is said to have occurred on the date stated above, at 4:15 p.m. Feb. 10-1937

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

	Date of onset
Chronic Valvular Heart trouble	

Other contributory causes of importance: Arteriosclerosis

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? .....

If so, specify .....

(Signed) A. A. Winchester, M. D.

(Address) Joplin, Mo.

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.