MAR 24 1937

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

Do not use this space.

1. PLACE OF DEATH
County Pike — Registration District No. 689 — File No. 7670
Township Buffalo — Primary Registration District No. 5917 — Registered No.
City — (No. Home, near Louisiana Mo St. Ward)

2. FULL NAME Sarah Eliza Inge
(a) Residence, No. in country 33 yrs. Ward. Near Louisiana Mo
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED
X HUSBAND OF (OR) WIFE OF J. L. Inge

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-27-59

7. AGE: YEARS 78 — MONTHS — DAYS 6 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. as above
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) Montgomery County Mo

FATHER
13. NAME James Ford
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Mary Ferguson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) J. L. Inge R. F. D. Louisiana Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Clarksville Mo DATE Feby 4 1937

19. UNDERTAKER (ADDRESS) W. F. Inda Louisiana Mo

20. FILED 2-3 1937 F. C. Haley Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 3rd 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1937, to Feb 3 1937
I last saw her alive on Feb 2 1937. Death is said to have occurred on the date stated above, at 7 a m.
The principal cause of death and related causes of importance were as follows:
Myocarditis — Date of onset 1-20-37

93 d!

Other contributory causes of importance:
Influenza

Name of operation ✓ Date of
What test confirmed diagnosis? Clear 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. H. Miller, M. D.
(Address) Louisiana 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.