MAY 21 1937

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

Do not use this space.

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1. PLACE OF DEATH
County Howell — Registration District No. 384 — File No. 16527
Township — Primary Registration District No. 4227 — Registered No.
City West Plains (No. , St. Ward)

2. FULL NAME Wm. B. Ingold
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 8 mos. 12 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): Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 17, 1936

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	8	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓
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) West Plains, Mo.

FATHER
13. NAME Fred Ingold
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howell Co., Mo.

MOTHER
15. MAIDEN NAME Irene Tharp
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howell Co., Mo.

17. INFORMANT Fred Ingold
(ADDRESS) West Plains, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Lawn DATE May 1, 19 37

19. UNDERTAKER Robertsons' Mortuary
(ADDRESS) West Plains, Mo.

20. FILED 5/1, 1937 Vida W Simons Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4/29, 1937, to 4/29, 1937
I last saw h. 1m alive on April 29, 1937. Death is said to have occurred on the date stated above, at 10 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Laryngeal diphtheria	4/29/37

Other contributory causes of importance: 10

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) A H Shaumberg, M. D.
(Address) West Plains, 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.

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