

MAY 31 1937

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

Do not use this space.

1. PLACE OF DEATH

County Falk
Township Marion
City Baliviar (No.)

Registration District No. 701
Primary Registration District No. 5920

File No. 17306
Registered No. 29 St. Ward)

2. FULL NAME

(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.

Ralph Elmer Ingram

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE/MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1, 1911
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
25- 11 1

OCCUPATION

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.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baliviar, Mo

MOTHER FATHER

13. NAME J. Juicy Ingram
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Falk County Mo
15. MAIDEN NAME Beak Harris
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Falk County Mo

17. INFORMANT (ADDRESS) J. G. Ingram

18. BURIAL, CREMATION OR REMOVAL PLACE St. Louis DATE Mar. 9, 37

19. UNDERTAKER (ADDRESS) White-Currier Funeral Home

20. FILED Mch 3, 1937 J. Robert Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 28 1937 to Mar 2 1937

I last saw him alive on Mar 2 1937. Death is said

to have occurred on the date stated above, at 11 A. m.

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

Lobar Pneumonia Date of onset Feb 28

Other contributory causes of importance: 108

Name of operation..... Date of.....

What test confirmed diagnosis? General 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? No

If so, specify.....

(Signed) Doyle Wilson, M. D.

(Address) Baliviar 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.

