

JUN 25 1937

MISSOURI STATEBOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

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1. PLACE OF DEATH

County Permeset
Township Little Prairie
City (No. _____) _____

Registration District No. 6-51
Primary Registration District No. 5862

File No. 20899

Registered No. _____
St. _____ Ward _____

2. FULL NAME Lon Ellis Ingram

(a) Residence, No. Country Home 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

3. SEX Male 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-12-1936

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
		<u>5</u>	<u>16</u>	<u>7</u> hrs.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Infant</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation <u>L</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

13. NAME Casey Ingram

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

15. MAIDEN NAME Dollie Buchanan

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

17. INFORMANT (ADDRESS) Dollie Ingram Caruthersville mo Rt #2

18. BURIAL, CREMATION, OR REMOVAL PLACE Spring Hill DATE 5-31 1937

19. UNDERTAKER (ADDRESS) H. H. Hudson and Co. Dyersburg Tenn

20. FILED _____ 19 _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-31 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-28 1937, to 5-30 1937

I last saw him alive on 5-30 1937. Death is said to have occurred on the date stated above, at 7:40 a.m.

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

Congestive Chill
Malaria
Other contributory causes of importance: none

Date of onset 5/28/37

Name of operation _____ Date of _____
What test confirmed diagnosis? Clin. Test Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ✓ Date of injury ✓ 1937

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. P. Hickrey, M. D.
(Address) Stule. mo.

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