

OCT 20 1937 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH
 County Howell Registration District No. 384
 Township West Plains, Mo. Primary Registration District No. 4227
 City West Plains, Mo. (No. _____) _____ St. _____ Ward _____
 2. FULL NAME Barbara Leona Ingold
 (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.

File No. 34379
 Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Infant</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>8-31-1937</u>		
7. AGE	YEARS	MONTHS
		DAYS
		If LESS than 1 day, ... hrs. or ... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>✓</u>	
	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) <u>West Plains, Mo.</u> (STATE OR COUNTRY)		
FATHER	13. NAME <u>Fred Ingold</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>West Plains, Mo.</u> (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME <u>Irene Thorpe</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>Thayer, Mo.</u> (STATE OR COUNTRY)	
17. INFORMANT <u>Will Ingold</u> (ADDRESS) <u>West Plains, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oak Lawn</u> DATE <u>8-31-37</u>		
19. UNDERTAKER <u>Fred Ingold</u> (ADDRESS) <u>West Plains, Mo.</u>		
20. FILED <u>8-31-37</u> <u>W. W. SIMONS</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-31-1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw her alive on 8-31-1937 at 3:00 P.M. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:
Premature birth caused by a fall about 16 mo gestation

Date of onset _____

Other contributory causes of importance: 159

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) P. G. Bump 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.



