

NOV 23 1937

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

Do not use this space.

38589

1. PLACE OF DEATH

County Randolph
Township
City Moberly (No. Woodland Hospital)

Registration District No. 735
Primary Registration District No. 3134

File No.
Registered No.
St. 240 Ward

2. FULL NAME

(a) Residence, No. St. Ward. St. Louis, Mo.
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Martha Ann Ingram</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 28 1859</u>		
7. AGE YEARS <u>26</u>	MONTHS <u>77</u>	DAYS <u>12</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 26 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 20 1937 to Oct 26 1937.
I last saw him alive on Oct 26 1937. Death is said to have occurred on the date stated above, at 1:40 p.m.

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

Other contributory causes of importance: 108

Name of operation None Date of no
What test confirmed diagnosis? clinical Was there an autopsy? no

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

13. NAME Stephen Ingram

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

15. MAIDEN NAME Mary Lewis

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

17. INFORMANT Irene Ingram
(ADDRESS) St. Louis, Mo.

18. BURIAL, CREMATION OR REMOVAL PLACE Moberly, Mo DATE Oct 28 1937

19. UNDERTAKER (ADDRESS) W. H. ... Moberly, Mo.

20. FILED Oct 28 1937 Ethel ... Registrar.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide no 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) L. E. Huber M. D.
(Address) Moberly, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE 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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