DEC 27 1937

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

Do not use this space.

42196

1. PLACE OF DEATH
County Polk
Township Jeffery
City Bolivar (No. ..... St. ..... Ward)

Registration District No. 781
Primary Registration District No. 4422

File No. .....
Registered No. 65

2. FULL NAME Donald Lee Ingram
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Child
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Child
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 10, 1937
7. AGE: YEARS 0 MONTHS 0 DAYS 10 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Child
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): Polk County Mo.

FATHER
13. NAME: Joe Ingram
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Polk County Mo.

MOTHER
15. MAIDEN NAME: Dorothy Lee Hook
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Greene County Mo.

17. INFORMANT (ADDRESS): Joe Ingram Bolivar, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Salem DATE Nov 22, 1937
19. UNDERTAKER (ADDRESS): White-Erwin Funeral Home Bolivar Mo.
20. FILED 11-22-1937 J. E. Robert Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 21, 1937
22. I HEREBY CERTIFY, That I attended deceased from 11-11, 1937, to Nov 21, 1937
I last saw him alive on Nov 11, 1937 Death is said to have occurred on the date stated above, at 8 a.m.
The principal cause of death and related causes of importance were as follows:
Premature Infant

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) Doyle C. Wilcox, M. D.
(Address) Bolivar 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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