

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

Do not use this space.

1. PLACE OF DEATH

County Madison
Township Polk
City Maryville

Registration District No. 626
Primary Registration District No. 3031
(No. St. Francis Hospital)

File No. 3601
Registered No. 11
St. _____ Ward _____

2. FULL NAME

Georg Earnest Ingels 52

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 22 1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
57 57 3 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant & 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) Pickering Mo.

13. NAME Samuel Thomas Ingels

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

15. MAIDEN NAME Jane Marie Crossroad

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

17. INFORMANT (ADDRESS) Mrs. Neidel Maryville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ball Hill Maryville Mo. 2-2 1938

19. UNDERTAKER (ADDRESS) Samabell Funeral Home Maryville Mo.

20. FILED 2-2 1938 Marion E. Clardy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 31 1938

22. I HEREBY CERTIFY, That I attended deceased from January 2 1938, to Jan 31 1938

Last saw him alive on Jan 31 1938 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:

Gangrene of both lower extremities from embolism. Recurrent pyelonephritis

Other contributory causes of importance: Remanence from ulcer pyelitis Secondary anemia

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? NO

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) D. H. Roland M. D.

(Address) Berlin Mo.

RECEIVED

FEB 28 1938

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MO. STATE BOARD OF HEALTH