REC'D AUG 25 1938

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

25841
Do not use this space.

1. PLACE OF DEATH
(a) County Livingston
(b) Township
(c) City Chillicothe
(d) Street No. Chillicothe Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. 4 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 508
Primary Registration District No. 3026 Registered No. 260

2. PRINT FULL NAME Hiram Hopkins Igou 200
(a) Residence, No. Ludlow St. (Usual place of abode, if no street address, write county or city) Ludlow Mo. (If nonresident, give city or town and State)

5 9 1 2

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: Anna Copple Igou
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar. 2. 1863.
7. AGE: YEARS 75 MONTHS 4 DAYS 21 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation: 25 yr

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lamoille Ill.

FATHER
13. NAME: Emanual Roller Igou
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Penn.

MOTHER
15. MAIDEN NAME: Mary Stoughtenburg
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New Jersey

17. INFORMANT (ADDRESS): Homer J. Igou. Hutchinson Kan.
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Ludlow DATE: July 25 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS): E. P. Mitchell Braymer Mo.
20. FILED July 25, 1938 Donald M. Lowell Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 23-1 1938
22. I HEREBY CERTIFY, That I attended deceased from July 18 1938 to July 23 1938
I last saw him alive on July 23 1938. Death is said to have occurred on the date stated above, at 7 22 p.m.
The principal cause of death and related causes of importance were as follows:
Hypostatic pneumonia
Date of onset
Other contributory causes of importance: Bowel Obstruction Cause Unknown
Name of operation: None Date of
What test confirmed diagnosis? Clinical 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) R J Brennan, M. D.
(Address) Chillicothe, Missouri

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, E. P. Michael, or by _____, Registered Apprentice No. _____, working under my personal supervision.

Signed E. P. Michael

Licensed Embalmer No. 1363

P. O. Address Brayman, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.