

DEC'D OCT 19 1938

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH
31891
Do not use this space.

1. PLACE OF DEATH

 (a) County Cape Girardeau Registration District No. 5358 Pacific 125
 (b) Township Cape Girardeau Primary Registration District No. 3009 Registered No. 270
 (c) City Cape Girardeau (d) Street No. _____ St.
 (e) Length of residence in city or town where death occurred 50 yrs. mos. ds. (f) How long in U. S., if of foreign birth? _____ yrs. mos. ds.

2. PRINT FULL NAME

 (a) Residence, No. 5358 Pacific Cape Girardeau St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

 3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Ingels
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-28-1857
 7. AGE YEARS 81 MONTHS 2 DAYS 11 If LESS than 1 day, _____ hrs. or _____ min.

 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Illusionist
 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 _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) OhioFATHER 13. NAME Andy Ingels14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) OhioMOTHER 15. MAIDEN NAME Nancy Backs16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio17. INFORMANT (ADDRESS) Mrs Anna Ingels Cape Girardeau Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Cape Girardeau DATE 9/11/3819. FUNERAL DIRECTOR (NAME) (ADDRESS) Beard H. Fettes Cape Girardeau Mo20. FILED 9-9-38 g.m. Thompson Local Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 9, 1938
 22. I HEREBY CERTIFY, That I attended deceased from Sept 5, 1938, to Sept 9, 1938
 I last saw him alive on Sept 8, 1938. Death is said to have occurred on the date stated above, at 7 P. m.
 The principal cause of death and related causes of importance were as follows:

Valvular Heart Disease Date of onset 12/20
Other contributory causes of importance: 90%
Infranchis of case

 Name of operation _____ Date of _____
 What test confirmed diagnosis? Autopsy 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) J. W. Berry, M. D.
W. H. Jordan (Address) _____

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,

W Hester

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

W Hester

Licensed Embalmer No. *3568*

P. O. Address *Cap Hill M*

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

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