

1939 MAR 16 1939

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

7908

Do not use this space.

1. PLACE OF DEATH

(a) County Saline

(b) Township

(c) City Marshall

(e) Length of residence in city or town where death occurred

Registration District No. 796

Primary Registration District No. 3038

(d) Street No. Fitzgibbons Hospital

Registered No. 40

(If death occurred in Hospital or Institution, write its name instead of street and number)

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Mollie Ingram

(a) Residence, No.

Marshall, Mo. Route # 4

St.

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 24, 1888

7. AGE

YEARS

50

MONTHS

6

DAYS

2

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

None

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) Saline County
(STATE OR COUNTRY) Missouri

FATHER

13. NAME R. Boyd Ingram

14. BIRTHPLACE (CITY OR TOWN) Saline County
(STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME Mollie S. Kidd

16. BIRTHPLACE (CITY OR TOWN) Lexington,
(STATE OR COUNTRY) Kentucky

17. INFORMANT Miss Kate E. Ingram
(ADDRESS) Marshall, Mo. Route # 4.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Ingram Cemetery DATE Feb. 27, 1939

19. FUNERAL DIRECTOR Campbell-Lewis
(ADDRESS) Marshall, Mo.

20. FILED 2-27-39 Mary Kent
D. Spig Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-10, 1939, to 2-26, 1939.

I last saw him alive on 2-25, 1939. Death is said to have occurred on the date stated above, at 2 m.

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

Date of onset

Carcinoma Uteri.
4 1/2

Other contributory causes of importance:

ac Peritonitis.

Name of operation Ab. Peritonitis Date of 2-21-39

What test confirmed diagnosis Biopsy Was there an autopsy? Yes

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) Robt. Kennedy M. D.

(Address) Marshall Mo

(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.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3/10/39

STATEMENT BY LICENSED EMBALMER

I, W.D. Campbell, Licensed Embalmer No. 3469
hereby certify that the body recorded on the reverse side of this certificate was embalmed by W.D. Campbell
L. E.
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed W.D. Campbell
Licensed Embalmer No. 3469

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