

AUG 11 1939

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

25965

Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 408
(b) Township Madison Primary Registration District No. 55-64
(c) City (d) Street No. Registered No. 126
(e) Length of residence in city or town, where death occurred 3 yrs. 4 mos. 0 ds. (If death occurred in Hospital or Institution, write its name instead of street and number) St.
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Cartage M. Rd. 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 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 Rebecca Ingle
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 15-1864
7. AGE YEARS 75 MONTHS 2 DAYS 16 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Merchant
9. Industry or business in which work was done, as saw mill, bank, etc. Grocery & Meats
10. Date deceased last worked at this occupation (month and year) 1937 11. Total time (years) spent in this occupation 25
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Ill
13. NAME Hezekiah Ingle
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
17. INFORMANT (ADDRESS) Alice Ingle Cartage Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Waskin Cem DATE July 2, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Foster Bros Jasper Mo
20. FILED July 2, 1939 E. J. Mc Intire, M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1, 193922. I HEREBY CERTIFY, That I attended deceased from June 26, 1939, 1939, to July 26, 1939, 1939I last saw him alive on June 26, 1939 Death is saidto have occurred on the date stated above, at 8 A. m.
The principal cause of death and related causes of importance were as follows:Cerebral HemorrhageDate of onset
6/26/39Other contributory causes of importance: HTAarteriosclerosisName of operation nil Date ofWhat 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? No Date of injury

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) M. J. Harris, M. D.(Address) Cartage Mo.

RECEIVED

District Health Officer, No. 6,

District File Number 839-1606

Date Filed AUG 9 1939

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,

Chas. J. Teeter

or by

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

Signed *Chas. J. Teeter*

Licensed Embalmer No. 2566

P. O. Address *Jasper Mo*

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.)

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