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.

FILED FEB 6 1940

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

Do not use this space.

1. PLACE OF DEATH
County Jasper
Township Mineral
City ~~[illegible]~~ WEBB CITY (No. T.B. HOSPITAL St. Ward)
Registration District No. 413
Primary Registration District No. 5559.C.
File No. 2748
Registered No. 2

2. FULL NAME 524 John S. Ingland
(a) Residence, No. 1238 James St., Ward. Carthage (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 7 mos. 12 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) Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓ *********
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 1 - 1899
7. AGE YEARS 40 MONTHS 1 DAYS 8 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Quarrymen
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) Monett Mo 0

FATHER
13. NAME John H Ingland 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio 0

MOTHER
15. MAIDEN NAME Sarah E. Todd
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Records
18. BURIAL, CREMATION, OR REMOVAL PLACE Jasper Cemetery DATE Jan. 13 1940
19. UNDERTAKER (ADDRESS) Kneel Mortuary Carthage, Mo.
20. FILED JAN. 10. 40 19 J. L. Pitchett M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 9 1940
22. I HEREBY CERTIFY, That I attended deceased from May 28, 1939, to Jan 9, 1940
I last saw him alive on Jan 9, 1940 Death is said to have occurred on the date stated above, at 11 45 a.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Pulmonary Tuberculosis

Other contributory causes of importance: JZ

Name of operation No Date of
What test confirmed diagnosis? Pos Spm 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) Jesse E Douglas, M. D.
377 (Address) Webb City

RECEIVED
District Health Officer No. 6,
District File Number 240-291
Date Filed FEB 5 1940