

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

Do not use this space.

20467

1. PLACE OF DEATH

County Hannay
Township Clinton
City Clinton (No. 716)

Registration District No. 347
Primary Registration District No. 3018

File No. Waltgen
Registered No. 89
St. _____ Ward _____

2. FULL NAME

Sarah A. Ingman

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

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

Steve H. Ingman

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

Jan 1, 1850

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

about 78

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

House Keeper

(b) General nature of industry, business, or establishment in which employed (or employer)

Sarah A. Ingman

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Hickory, Co.

(STATE OR COUNTRY)

Missouri

PARENTS

10. NAME OF FATHER

Joe Lewis

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

12. MAIDEN NAME OF MOTHER

Max A. Lewis

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

14.

INFORMANT (Address)

Max T. C. Gentry
Clinton, Mo.

15.

FILED

July 1, 1928
Dr. E. C. Peeler
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR)

June 25 1928

I HEREBY CERTIFY That I attended deceased from May 10 1928 to June 24 1928 that I last saw h. et. alive on June 23 1928, and that death occurred, on the date stated above, at 2 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

95B

Arterio Sclerosis - II
Cardiovascular disease
Second year

CONTRIBUTORY (SECONDARY)

NO

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF BIRTH

19. DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

, 19 (Address)

none

Waltgen, M. D.

Clinton Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Clinton Mo.

June 26 1928

20. UNDERTAKER

Times Willkies & Co. Inc.

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.

