

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.

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

Do not use this space.

AUG 20 1936

1. PLACE OF DEATH
 County Henry Registration District No. 347
 Township Clinton Primary Registration District No. 3018
 City Clinton (No. _____) St. _____ Ward _____

26364

File No. _____
 Registered No. _____

2. FULL NAME Banner Bruce Ingram
 (a) Residence, No. 501 - 72 5th St St. _____ Ward _____
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OF RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lora Mae Ingram
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 30 - 1880
 7. AGE YEARS 56 MONTHS 3 DAYS 18 If LESS than 1 day, _____hra. or _____min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 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 _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7 - 18 1936
 22. I HEREBY CERTIFY, That I attended deceased from 7 - 18, 1936, to 7 - 18, 1936
 I last saw him alive on 7 - 18, 1936 Death is said to have occurred on the date stated above, at 8 P. M.
 The principal cause of death and related causes of importance were as follows:

Cardiac Decompensation
& Dropsy
 Date of onset 6-18-36
 Other contributory causes of importance: _____
AB

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn
 13. NAME M. L. Ingram
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scottsboro
 15. MAIDEN NAME Eneline Goff
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn
 17. INFORMANT Lora Mae Ingram (ADDRESS) Clinton Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Keokukington DATE July 19 1936
 19. UNDERTAKER (ADDRESS) Shore & York
Clinton, Mo.
 20. FILED 7-20 1936 J. B. Hampton Registrar.

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 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? Yes
 If so, specify _____
 (Signed) L. L. Walker, M. D.
 (Address) Clinton Mo.

48

1926 7-18

1880 3-20

56.3 18