

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

Do not use this space.

20562

**1. PLACE OF DEATH**

County Nodaway Registration District No. 625  
 Township Polk Primary Registration District No. 303  
 City Maryville (No. St. Francis Hosp.) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Grant Ingram

(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 Male 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) May 24-1868

7. AGE YEARS 65 MONTHS 0 DAYS 17 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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 \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nodaway Co. Mo.

13. NAME Goodson Ingram

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.

15. MAIDEN NAME Elizabeth Johnson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT Lee Ingram (ADDRESS) Hopkins Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Shearer Cemetery DATE Jun 13 1933

19. UNDERTAKER Price Fur Co. (ADDRESS) Maryville Mo.

20. FILED 6-12 1933 Manie E. Clardy Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 11 1933

22. I HEREBY CERTIFY that I attended deceased from June 7 1933 to June 11 1933  
 I first saw him alive on June 10 1933 Death is said to have occurred on the date stated above, at 1 A. m.  
 The principal cause of death and related causes of importance were as follows:

127  
Internal Obstruction from  
Post. Peritonitis Adhesions etc  
 Other contributory causes of importance: JA. General Hernia following vomiting

Name of operation General Hernia Date of operation June 9, 1933  
 What test confirmed diagnosis? Autopsy Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? NO 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) W. R. Jackson, M. D.  
 (Address) Maryville, Mo.

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.

JUL 26 1933

MOTHER FATHER 2 2

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

