

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.

REC'D MAR 25 1938

8411

1. PLACE OF DEATH

County Vernon Registration District No. 875 File No. \_\_\_\_\_  
Township Washington Primary Registration District No. 6162 Registered No. 41  
City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Martin J. Ingram 536  
(a) Residence, No. State Hospital # 3 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. 6 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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 2

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 2, 1868

7. AGE YEARS 69 MONTHS 4 DAYS 12 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dentist  
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) Springfield Mo.

13. NAME Mildred Ingram

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield Mo.

15. MAIDEN NAME Mary Stearns

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) J. D. Ingram Cassville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cassville, Mo. DATE Feb. 16, 1938

19. UNDERTAKER (ADDRESS) Harrin-Culver Ind. Co. Cassville Mo.

20. FILED Feb. 17, 1938 Allen V. Hays Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 8, 1938 to Feb 14, 1938

I last saw him alive on Feb 11, 1938. Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis with hypertension Date of onset 7

93 C

Other contributory causes of importance: Chronic myocarditis with hepatic congestion 7

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? Autops. 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 1

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_

(Signed) T. T. O'Dell, M. D.  
(Address) Nevada Mo.

