

DEC 29 1930

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

Do not use this space.

38956

PLACE OF DEATH

County Dekalb
Township Washington
City..... (No..... St..... Ward)

Registration District No. 258
Primary Registration District No. 5360A

File No.....
Registered No. 11

2. FULL NAME John Ashler

(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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 17/53

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
77 2 24

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Switzerland

10. NAME OF FATHER John Ashler

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

12. MAIDEN NAME OF MOTHER Not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

14. INFORMANT Mrs Chas Correll
(Address) Clarksdale, Mo.

15. FILED 17/2, 1930 C. M. Davis
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 11/30 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec. 11, 1930, to Dec. 11-1930, 1930, that I last saw him alive on Dec. 11, 1930, and that death occurred, on the date stated above, at 3-p.m. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Indigestion, Acute

(duration) yrs. mos. 1 ds.

CONTRIBUTORY Angina Pectoria
(SECONDARY)

(duration) 3 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? No DATE OF.....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Cecil L. Patton, M. D.

12/12 1930 (Address) Clarksdale, 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
Pleasant Grove Cemetery 12/13 1930

20. UNDERTAKER ADDRESS
C. M. Davis, Clarksdale, 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.

