

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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

PLACE OF DEATH  
County St. Louis  
Township \_\_\_\_\_  
or  
Village \_\_\_\_\_  
or  
City Kirkwood

Registration District No. 785 File No. 10559  
Primary Registration District No. 3037 Registered No. 49  
St. \_\_\_\_\_ Ward \_\_\_\_\_

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Ed. B. Ashley

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE Wid  
MARRIED  
WIDOWED  
OR DIVORCED  
(Write the word)

DATE OF BIRTH July 24, 1885  
(Month) (Day) (Year)

AGE 57 yrs. 8 mo. 28 ds.  
If LESS than  
1 day, \_\_\_ hrs.  
or \_\_\_ min.?

OCCUPATION  
(a) Trade, profession, or particular kind of work none  
(b) General nature of industry, business, or establishment in which employed (or employer) D-O-I

BIRTHPLACE  
(City or town, State or foreign country) St. Louis Mo

PARENTS  
NAME OF FATHER Levi Ashley  
BIRTHPLACE OF FATHER (City or town, State or foreign country) Mass  
MAIDEN NAME OF MOTHER Susan Ferris  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Fenton Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Geo Ashley  
(ADDRESS) Kirkwood Mo.

Filed 3/29 1913 360 Quemener  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 28, 1913  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Jan 20, 1913, to March 28, 1913, that I last saw him alive on March 28, 1913, and that death occurred, on the date stated above, at 11:30 p.m.

The CAUSE OF DEATH\* was as follows:  
Plural Bronchitis  
114 B St

Unfavorable (Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.  
Contributory (SECONDARY) Cholera

(Signed) [Signature] M. D.  
March 29 1913 (Address) Kirkwood

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS):  
At place of death \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. In the State \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.  
Where was disease contracted if not at place of death?  
Former or usual residence \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL Oak Hill Cem. DATE OF BURIAL Mar 30 1913  
INDERTAKER Louis H. Boff ADDRESS Kirkwood  
Mo

# Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health  
Association]

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of cause of death.**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sar-*

*coma*, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)



PLACE OF DEATH

County St. Louis

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATHTownship \_\_\_\_\_  
or  
Village \_\_\_\_\_  
or  
City Kirkwood (NO. \_\_\_\_\_)Registration District No. 785  
Primary Registration District No. 8037File No. \_\_\_\_\_  
Registered No. 49

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Ed. F. Ashley

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

|   |                            |  |
|---|----------------------------|--|
| SEX<br><u>Male</u>  | COLOR OR RACE<br><u>W.</u> | SINGLE<br>MARRIED<br>WIDOWED<br>OR DIVORCED<br>(If write the word)<br><u>Widowed</u> |
| DATE OF BIRTH<br><u>July 24, 1855</u><br>(Month) (Day) (Year)                                 |                            |  |
| AGE<br><u>57</u> yrs. <u>8</u> mos. <u>28</u> ds.<br>if LESS than 1 day, ___ hrs. or ___ min. |                            |  |

|   |
|---|
| DATE OF DEATH<br><u>June 28, 1913</u><br>(Month) (Day) (Year)   |
| I HEREBY CERTIFY, that I attended deceased from <u>June 20, 1913</u> , to <u>June 28, 1913</u> , and last saw him alive on <u>June 28, 1913</u> , and that death occurred, on the date stated above, at <u>1 p.m.</u> |
| The CAUSE OF DEATH* was as follows:<br><u>Plural Tumor</u>  |

|   |
|---|
| OCCUPATION<br>(a) Trade, profession, or particular kind of work<br><u>Carpenter</u>                                   |
| (b) General nature of industry, business, or establishment in which employed (or employer)<br><u>Widow &amp; Sons</u> |

|   |
|---|
| BIRTHPLACE<br>(City or town, State or foreign country)<br><u>St. Louis, Mo.</u> |
|---|

|         |  |
|---------|--|
| PARENTS | NAME OF FATHER<br><u>Levi Ashley</u>   |
|         | BIRTHPLACE OF FATHER<br>(City or town, State or foreign country)<br><u>Mass</u>      |
|         | MAIDEN NAME OF MOTHER<br><u>Casa Ferris</u>  |
|         | BIRTHPLACE OF MOTHER<br>(City or town, State or foreign country)<br><u>Fenton Mo</u> |

|  |
|--|
| THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.<br>(Informant) <u>George Ashley</u> |
| (ADDRESS) <u>Kirkwood Mo</u>   |

|  |
|--|
| Filed <u>5-9</u> 19 <u>13</u> <u>36</u> Sumner |
| REGISTRAR                                      |

|  |
|--|
| Duration) _____ yrs. _____ mos. _____ ds.  |
| Contributory<br>(Secondary) _____  |
| (Signed) <u>J. Putman</u> M.D.<br><u>3-29</u> , 19 <u>13</u> (Address) <u>Kirkwood</u> |

|   |
|---|
| *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.                           |
| LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)<br>At place of death _____ yrs. _____ mos. _____ ds. State _____ yrs. _____ mos. _____ ds. |
| Where was disease contracted<br>If not at place of death? _____   |
| Former or usual residence _____   |

|   |  |
|---|--|
| PLACE OF BURIAL OR REMOVAL<br><u>Oak Hill</u> | DATE OF BURIAL<br><u>5-30</u> , 19 <u>13</u> |
| UNDERTAKER<br><u>Louis H. Bopp</u>            | ADDRESS<br><u>Kirkwood</u>                   |

Original file, date \_\_\_\_\_ 19\_\_\_\_

All information called for must be written on this Supplementary Certificate.

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.

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**Statement of cause of death**.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*;

65501  
Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)