

LOCAL REGISTRAR'S RECORD—DO NOT TEAR LEAF OUT

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 43817

1 PLACE OF DEATH
County Shelby
Township Clay
or
Village
or
City Clarence (NO. St. Ward)

Registration District No. 827

File No.

Primary Registration District No. 4500

Registered No. 88

2 FULL NAME Miss Larriss Ashby

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED (If write the word)

6 DATE OF BIRTH Feb 3, 1917
(Month) (Day) (Year)

7 AGE 1 yrs. 9 mos. 8 ds. If LESS than 1 day, ... hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE
(City or town, State or foreign country) Mo

10 NAME OF FATHER Taylor Ashby

11 BIRTHPLACE OF FATHER
(City or town, State or foreign country) Ill

12 MAIDEN NAME OF MOTHER Marie Broadbent

13 BIRTHPLACE OF MOTHER
(City or town, State or foreign country) Ill

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Taylor Ashby

(Address) Clarence, Mo

15 Filed Nov. 12, 1918 8 M. B. Boglio
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 11, 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Nov 4, 1918 to Nov 11, 1918, that I last saw her alive on Nov 11, 1918, and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:
Influenza and Pneumonia
102110 (Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.
(Signed) J. R. Daniel M. D.
Nov 11, 1918 (Address) Clarence, Mo.

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

18 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

19 PLACE OF BURIAL OR REMOVAL Clarence, Mo. DATE OF BURIAL 11-12, 1918

20 UNDERTAKER E. E. Hopper ADDRESS Clarence, 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.

WHILE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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1 PLACE OF DEATH

County
 Township
 or
 Village
 or
 City (NO St. Ward)

Registration District No.

File No.

Primary Registration District No.

Registered No.

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

2 FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
6 DATE OF BIRTH	(Month) 1 (Day) 1 (Year)	
7 AGE	 yrs. mos. ds.	If LESS than 1 day, ... hrs. or min. ?

8 OCCUPATION

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

9 BIRTHPLACE

(City or town, State or foreign country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER

(City or town, State or foreign country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER

(City or town, State or foreign country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15

Filed

191

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

..... (Month) 191 (Day) 191 (Year)

17 I HEREBY CERTIFY, that I attended deceased from

that I last saw him alive on 191 to 191
 and that death occurred, on the date stated above, at m.
 The CAUSE OF DEATH* was as follows:

CONTRIBUTORY

(Secondary)

..... (Duration) yrs. mos. ds.

..... (Duration) yrs. mos. ds.

(Signed)

..... 191 (Address)

M. D.

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

18 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

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

191

20 UNDERTAKER

ADDRESS