

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

Do not use this space.

14899

46

**1. PLACE OF DEATH**

County Honell

Registration District No. 384

Township West Plains

Primary Registration District No. 4277

City West Plains

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

File No. \_\_\_\_\_

Registered No. \_\_\_\_\_

**2. FULL NAME**

C. C. Ashair

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

M

**4. COLOR OR RACE**

W

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 13, 1852

**7. AGE**

| YEARS     | MONTHS   | DAYS      | IF LESS than 1 day, hrs. or min. |
|-----------|----------|-----------|----------------------------------|
| <u>75</u> | <u>2</u> | <u>18</u> | <u>—</u>                         |

**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) Illinois

**10. NAME OF FATHER**

William Ashair

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) Illinois

**12. MAIDEN NAME OF MOTHER**

Mary Ashair

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) Illinois

**14.**

INFORMANT

(Address)

C. W. Ashair

West Plains

**15.**

FILED

6-27-27

O. P. H. H. H. H. H.

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 31 - 1927

17.

I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1927, to May 31, 1927, that I last saw h. live on Feb. 15, 1927, and that death occurred, on the date stated above, at 4:00 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Carcinoma - prostate & bladder.  
51B  
51C  
71B  
(duration) unknown yrs. mos. da.

CONTRIBUTORY (SECONDARY)

Anaemia  
(duration) unknown yrs. mos. da.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH:

Can't say.

DID AN OPERATION PRECEDE DEATH? DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no.

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) A. H. H. H. H. M. D.

6/1, 1927 (Address) West Plains, 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**

Oak Lawn Cemetery

**DATE OF BURIAL**

6/1, 1927

**20. UNDERTAKER**

George W. Stof

**ADDRESS**

West Plains

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 27 1927

