

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

Do not use this space.

21094

AUG 16 1927

1. PLACE OF DEATH

County St. Louis Registration District No. 294
 Township Central Primary Registration District No. V-1097
 City (No. 13) St. _____ Ward _____

File No. _____
 Registered No. 17
 _____ St. _____ Ward _____

2. FULL NAME

George Ashburn
 (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 Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Don't know

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
67 chng Soft

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Brother
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Manchester
 (STATE OR COUNTRY) _____

10. NAME OF FATHER Don't know

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

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't know
 (STATE OR COUNTRY) _____

14. INFORMANT Edw. J. Schreff
 (Address) Sullivan Ave

15. FILED 7/22 1927 W. E. Kitchner
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 21 1927

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, and that I last saw him alive on _____, 19____, and that death occurred, on the date stated above, at _____, 8:35 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Drowning in
Memorial Park
 CONTRIBUTORY (SECONDARY) 2130 (duration) _____ yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRAINDICATED? IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____

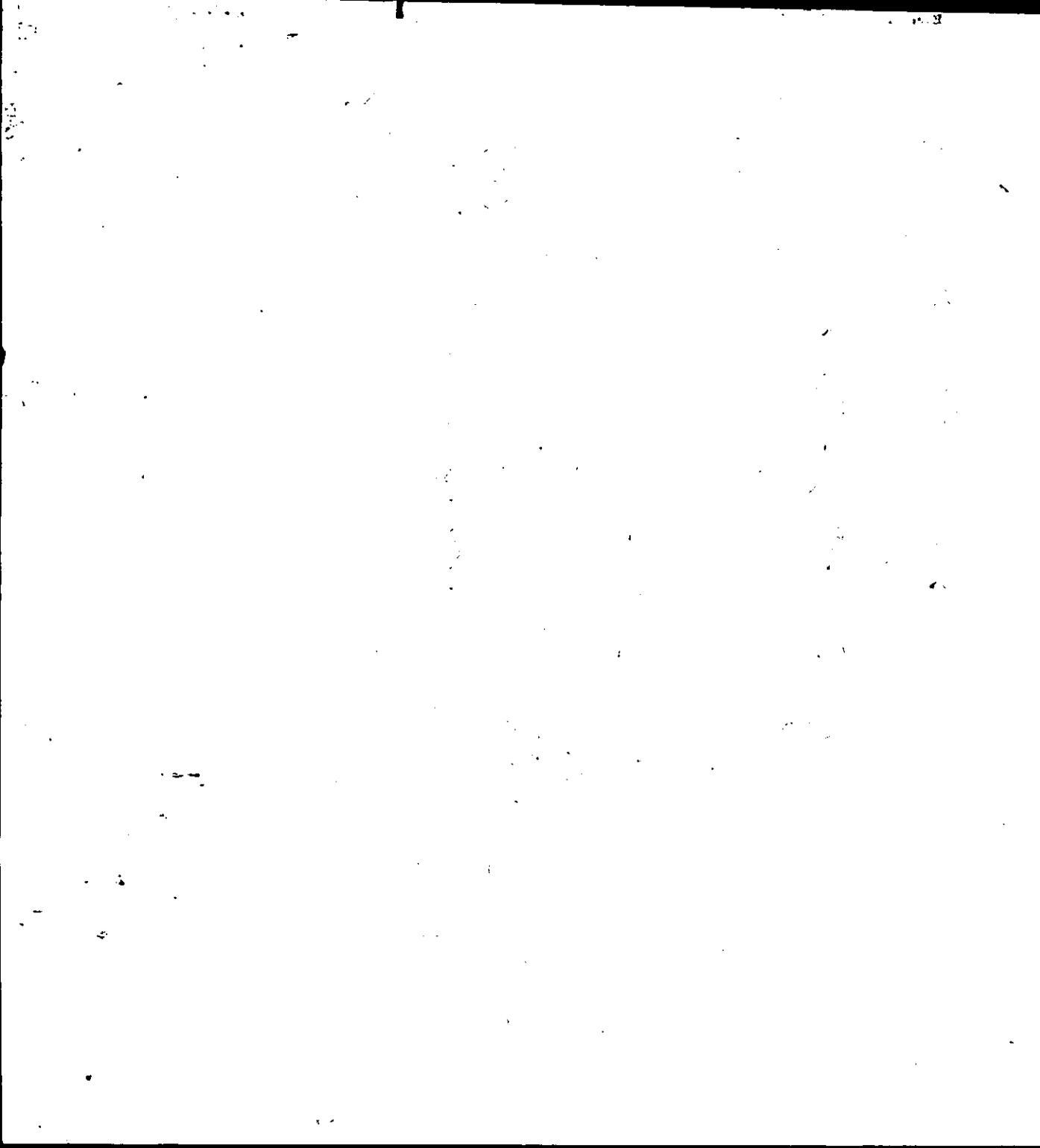
WHAT TEST CONFIRMED DIAGNOSIS? (Signed) S. L. ... M. D.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
July 22, 1927 (Address) St. Clair Ave

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Louis Co. DATE OF BURIAL 7/23 1927

20. UNDERTAKER Will Casey ADDRESS St. Clair

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.



cated by check marks, lacking from the death certificate:

Name: George Arlton

Who died at: Franklin Co. on July 21, 1927,

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade _____ (b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

CAUSE OF DEATH: Drowning in Merrimack River, Boat-tipped

Contributory: over, sup death was accidental drowning

Where was disease contracted? _____

Did operation precede death? _____ Date of _____

S-21094