

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

Do not use this space.

25204a
28081-

1. PLACE OF DEATH

County Randolph

Registration District No. 723

Township Huntsville

Primary Registration District No. XX38

City Huntsville

(No.)

File No.

Registered No. 31

St. Ward

2. FULL NAME Susan Elizabeth Ashcom

(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

Female

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

B. H. Ashcom

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

Dec 25 1848

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

78

8

26

or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

House Keeper

(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)

Brown County Mo

10. NAME OF FATHER

Archibald Linn

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Kenn.

12. MAIDEN NAME OF MOTHER

Sophia Hunter

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Kenn.

14.

INFORMANT

(Address)

Thos Edd Linn

Huntsville Mo

15.

DATE

Nov 3 1927

G. G. Briggs

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 14 1927

17. I HEREBY CERTIFY That I attended deceased from

1925 to Aug 14 1927

that I last saw her alive on Aug 14 1927, and that death occurred, on the date stated above, at 740 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Pulmonary Disease of Heart

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) D. D. Burchart, M. D.

, 19 (Address) Huntsville

*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

Huntsville Cemetery

Aug. 16 1927

20. UNDERTAKER

ADDRESS

Andrew Thiriot

Huntsville

