

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

Do not use this space.

29466

1. PLACE OF DEATH

County Barry
Towship Monett
City Monett (No.)

Registration District No. 30
Primary Registration District No. 3003

File No.
Registered No. 72
St. Ward)

2. FULL NAME Mrs Margaret Ash

(a) Residence. No. St. Ward.
(Usual place of abode)

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 9, 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 10 4

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework 131
(b) General nature of industry, business, or establishment in which employed (or employer) 92A
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) N. Carolina
(STATE OR COUNTRY)

10. NAME OF FATHER Benjamin Becknell

11. BIRTHPLACE OF FATHER (CITY OR TOWN) N. Carolina
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Marion Clayton

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

14. INFORMANT Mrs B. M. Davis
(Address) Monett Mo

15. FILED 10-14-27 W. M. West
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10/13 1927

17. I HEREBY CERTIFY, That I attended deceased from Oct 7 1927 to Oct 13 1927
that I last saw her alive on Oct 12 1927, and that death occurred, on the date stated above, at 1:50 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

chronic Parenchymatous Nephritis
and Valvular heart disease

CONTRIBUTORY (SECONDARY) 1290

18. WHERE WAS DISEASE CONTRACTED 1290
(duration) yrs. mos. ds.
IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? no DATE OF no
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) R. S. Ferguson, M. D.

(Address) Monett, 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 Maddy Cemetery DATE OF BURIAL 10/14 1927

20. UNDERTAKER Callaways ADDRESS Monett

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.

