

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.

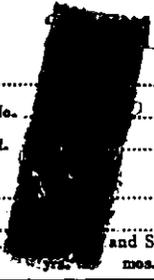
MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Polk
Township Deu Lou
City Deu Lou

Registration District No. 397
Primary Registration District No. 5518

File No. 
Registered No. 211
Sl. (Ward)

2. FULL NAME

James Polk Ashby

(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident give _____ 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Nov 9 - 1844</u>		
7. AGE	YEARS <u>63</u>	MONTHS <u>8</u>
	DAY <u>7</u>	IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED. (a) Trade, profession, or particular kind of work <u>Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 6 1928

17. I HEREBY CERTIFY That I attended deceased from June 2, 1927, to Aug 6, 1928 that I last saw him alive on Aug 4, 1928, and that death occurred, on the date stated above, at 7:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic parenchymatous nephritis

181 1290 (duration) _____ yrs. _____ mos. _____ da.

CONTRIBUTOR (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ da.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Andrew Co., Mo.

10. NAME OF FATHER Lloyd Ashby

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

12. MAIDEN NAME OF MOTHER Heldah Stanton

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ky.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH. NO DATE OF.....

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) H. C. Fogarty, M. D.
Aug 6, 1928 (Address) Mound City, 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.

14. INFORMANT Anna Shields
(Address) Mound City, Mo.

15. 8-6-28 J. A. Fearey
FILED _____ 19 _____ REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mound City, Mo DATE OF BURIAL 8-7 1928

20. UNDERTAKER Pettigrew & Crawford ADDRESS Mound City Mo
Ray E. P. Drake

