

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

Do not use this space.

1. PLACE OF DEATH *North*
 County *Franklin* Registration District No. *903*
Franklin City Primary Registration District No. *4545*
 City *Franklin* St. _____ Word _____

2. FULL NAME *Irene LaVonne Ashwood*
 (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.

32592

File No. _____
 Registered No. *18* St. _____ Word _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>W</i>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <i>Child</i>
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <i>Nov 28 - 1927</i>		
7. AGE YEARS	MONTHS	DAY
	<i>9</i>	<i>12</i>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <i>none</i> (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____		
9. BIRTHPLACE (CITY OR TOWN) <i>Franklin City</i> (STATE OR COUNTRY) <i>Mo</i>		
PARENTS	10. NAME OF FATHER <i>Ed Ashwood</i>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <i>Marion</i> (STATE OR COUNTRY) <i>Mo</i>	
	12. MAIDEN NAME OF MOTHER <i>Rebecca Hilling</i>	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <i>Franklin City</i> (STATE OR COUNTRY) <i>Mo</i>	
14. INFORMANT <i>Rebecca Hilling</i> (Address) <i>Franklin City, Mo</i>	15. FILED <i>9/9/26</i> 19. <i>26</i> <i>John P. Merriam</i> REGISTRAR	

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Sept 8 1928*

17. I HEREBY CERTIFY That I attended deceased from *Sept 8 1928* to *Sept 8 1928* that I last saw her alive on *Sept 6 1928*, and that death occurred, on the date stated above, at _____.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Foliar Pneumonia
108
158
 (duration) yrs. mos. ds. _____

CONTRIBUTORY *Marasmus*
 (SECONDARY) (duration) yrs. mos. ds. _____

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

8 Did AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) *Johny Cedrent*, M. D.
 (Address) *Franklin City*

*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 *Franklin City Cem* DATE OF BURIAL *Sept 9 1928*

20. UNDERTAKER *Andrews* ADDRESS *Franklin City*

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.

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D. 1000000