

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

Do not use this space.

37792

1. PLACE OF DEATH

County Pettis
Towship _____
City Shelbourn (No. _____) St. _____ Ward _____

Registration District No. 668
Primary Registration District No. 3032

File No. _____
Registered No. 293

2. FULL NAME

Mrs. Prudence J. Ashley

(a) Residence No. 1111 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 16th 1895

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
32 11 13

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer) at home
(c) Name of employer _____

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

PARENTS

10. NAME OF FATHER Alfred Kinde

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

12. MAIDEN NAME OF MOTHER Tenny Papp

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

14. INFORMANT E. L. Kinde
(Address) Lamont Mo

15. FILED 11-1, 1928 J. S. Love REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11 - 1 - 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 22, 1928, to Oct 31, 1928 that I last saw her alive on Oct 31, 1928, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

133A and 95B Dilatation of heart
(duration) yrs. mos. ds.

CONTRIBUTORY (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? Heart

(Signed) _____ M. D.

, 19 (Address) Warsaw 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 DATE OF BURIAL
Duly Bend - Victory Co 11-2 1928

20. UNDERTAKER W. F. Laughlin Bros ADDRESS Shelbourn

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state I. I. V. FOR ABOVE BE MOST EXPLICITLY. PHYSICIANS should state I. I. V. FOR ABOVE BE MOST EXPLICITLY. PHYSICIANS should state I. I. V. FOR ABOVE BE MOST EXPLICITLY.

