WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

38316

1. PLACE OF DEATH
County: St. Louis
Township:
City: St. Louis (No. Laclede Hotel St. Ward)
Registration District No. 791
Primary Registration District No. 1003
File No.
Registered No. 10920

2. FULL NAME: Howard H. Ashlock
(a) Residence. No. St., Ward. Jerseyville, Ill.
(Usual place of abode) (If not resident 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: M.
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): Nov 8 1861

7. AGE: 68 YEARS | MONTHS: ? | DAYS: ? | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer 59 42 A
(b) General nature of industry, business, or establishment in which employed (or employer): Retired 125 E
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Carrollton Illinois

PARENTS
10. NAME OF FATHER: Mark Ashlock
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Tennessee
12. MAIDEN NAME OF MOTHER: Unknown Gaugh
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: Miss Edith Ashlock
(Address) 4156 Laclede Ave

15. FILED NOV -8 1928 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov 7 1928

17. I HEREBY CERTIFY, That I attended deceased from May 15, 1928, to Nov 7, 1928, that I last saw h.....alive on Nov 7, 1928, and that death occurred, on the date stated above, at 8 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mitral Insufficiency
57
(duration) 0 yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY): Diabetes Enlarged Liver Asthma (duration) yrs. 6 mos. ds.

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? Physical
(Signed) T. F. Dickens, M. D.
Nov 7, 1928 (Address) 5657 Delmar

*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: Carrollton Illinois
DATE OF BURIAL: 11/10 1928

20. UNDERTAKER: Muller Und Co.
ADDRESS: 5165 Delmar St.