

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.

Martin

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

Do not use this space.

41018

399

1. PLACE OF DEATH

County Jackson
Township Haw
City Kansas City

Registration District No. 1002
Priority Registration District No. Reverse Hospital

File No. _____
Registered No. 5349
St. _____ Ward _____

2. FULL NAME

Beliel Asche

(a) Residence. No. 1625 Jefferson St. 3 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 white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May - 21 1870

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>58</u>	<u>7</u>	<u>3</u>		

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Iowa
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Don't know

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

12. MAIDEN NAME OF MOTHER Don't know

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

14. INFORMANT Record Clerk
(Address) H.C. Genl Hosp.

15. Filed 12-27-28 W.D. Brown REGISTRAR
asat

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-24 1928

17. I HEREBY CERTIFY That I attended deceased from 12-17, 1928, to 12-24, 1928 that I last saw h. a. 22 alive on 12-24, 1928, and that death occurred, on the date stated above, at 12:55 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Epithelioma of chin
metastasis to bone & regional lymph
SV node
(duration) _____ yrs. mos. ds.
53
CONTRIBUTORY (SECONDARY) Post-operative - Surgical Shock.
(duration) _____ yrs. mos. ds.
53

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF BIRTH _____

8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) P. E. Williams, M. D.
12-25, 1928 (Address) H.C. Genl Hosp.

*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 Blackmill Okla DATE OF BURIAL 1-15 1929

20. UNDERTAKER W. M. Hart ADDRESS 1915 East 15

