

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

Do not use this space.

7666

**1. PLACE OF DEATH**

County Randolph

Registration District No. 735

Township Moberly

Primary Registration District No. 3034

City Moberly

(No. 108 W. Reed American Hotel Ward)

File No. \_\_\_\_\_

Registered No. 50

**2. FULL NAME**

John Ashworth

(a) Residence. No. 108 W. Reed 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.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

Male

**4. COLOR OR RACE**

White

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

Married

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

Mary Ashworth

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

Nov 4<sup>th</sup> 1873

**7. AGE**

YEARS

MONTHS

DAYS

IF LESS than 1

50

2

— hrs. or — min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

Hotel Keeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY)

Mo

**10. NAME OF FATHER**

Moses Ashworth

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Pa

**12. MAIDEN NAME OF MOTHER**

? Coons

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Mo

**14.**

INFORMANT (Address)

Mrs Mary Ashworth  
Moberly Mo

**15.**

Filed 2/23/29

Dr. Fleming  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** Feb 4<sup>th</sup> 19 29

**17.**

I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

That I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Ischemic - from heart.

167

**CONTRIBUTORY (SECONDARY)**

**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? \_\_\_\_\_

2-5-29 (Address) Moberly, Mo

\*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

Mexico Mo.

**DATE OF BURIAL**

2-6-29 19 29

**20. UNDERTAKER**

Maham and Son

**ADDRESS**

Moberly

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.

WHITE PAINLY, WITH UNFADING INK THIS IS A PERMANENT RECORD

