

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.

15205

1. PLACE OF DEATH

County Washburn
Township Washburn
City Washburn

Registration District No. 460
Primary Registration District No. 5624 A

File No. _____
Registered No. 30
St. _____ Ward _____

2. FULL NAME

Rebecca E. Ashby
(a) Residence. No. Washburn Home St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND or (OR) WIFE OF Ernest W. Ashby

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 14 1894

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 6 7

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Princeton Mo
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Edith L. Harrison
(Address) Washburn Home

15. FILED 4/22/29 Jessie P. Porter
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 21 1929

17. I HEREBY CERTIFY, That I attended deceased from Mar 10, 1929, to Apr 21, 1929, and that I last saw him alive on Apr 21, 1929, and that death occurred, on the date stated above, at 2:55 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
(duration) yrs. mos. da.
CONTRIBUTORY Arterio Sclerosis
(SECONDARY) (duration) yrs. mos. da.

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) Dr. William H. Haggard, M.D.
, 19 Apr 21 (Address) Washburn Home

*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 Humanville Mo DATE OF BURIAL 4/22 1929

20. UNDERTAKER W. H. Haggard ADDRESS Washburn Home

