

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

Do not use this space.

19011

IN 27 10 20
1. PLACE OF DEATH

County Pettis

Registration District No. 668

Township Sudalia

Primary Registration District No. 3232

City Sudalia

(No. 100 Hospital St. Joseph)

File No.

Registered No. 171

St. Ward)

2. FULL NAME Clifford Scott Askum

(a) Residence. No. 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 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) Oct 6, 1847

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 81 7 17 = min.

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) (STATE OR COUNTRY) mo

10. NAME OF FATHER Wm. Askum

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

12. MAIDEN NAME OF MOTHER Dont Know

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

14. INFORMANT J W Askum (Address) Detroit Mich.

15. Filed 5-24-29 J. S. Love REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 23 19 29

17. I HEREBY CERTIFY That I attended deceased from May 20 19 29, to May 23 19 29 that I last saw him alive on May 23 19 29, and that death occurred, on the date stated above, at 1322 a a m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Acute cystitis Retention
131 of urine increased prostate
135H

162 (duration) yrs. mos. ds.

CONTRIBUTORY Senile debility (SECONDARY)

(duration) 3 yrs. - mos. - ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? No

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Urinal

(Signed) John F. Logan M. D.

, 19 (Address) 212 - W 6th

*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

St Louis mo

20. UNDERTAKER Gillespie

Sudalia

DATE OF BURIAL

5/25 19 29

ADDRESS

