

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

Do not use this space.

1. PLACE OF DEATH

County Lafayette
Township Higginsville, Mo.
City Higginsville, Mo. (No.)

Registration District No. 460
Primary Registration District No. 4274

File No. 25087
Registered No. 57
St. Ward)

2. FULL NAME Mrs. Ellen Asbury

(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

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

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

Capt. A. E. Asbury

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 15th 1842

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
87 2 10

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Dover, Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Phillip Gaw

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

12. MAIDEN NAME OF MOTHER Ellen Knox

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

14. INFORMANT A. E. Asbury
(Address) Higginsville, Mo.

15. FILED 7/28. 29 Russell P. Porter
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 25 - 1929

17. I HEREBY CERTIFY, That I attended deceased from July 25, 1929, to July 26, 1929, that I last saw him alive on July 25, 1929, and that death occurred, on the date stated above, at 9 am.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of face

CONTRIBUTORY (SECONDARY)

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

(Signed) H. G. Webb, M. D.

July 26, 1929 (Address) Higginsville Mo

*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 City Cemetary

DATE OF BURIAL 7/28/29

20. UNDERTAKER Asst. Asbury

ADDRESS Higginsville, Mo.

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.

