8 1929
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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.

25450

1. PLACE OF DEATH
County Pettis Co. Registration District No. 668 File No.
Township Sedalia Primary Registration District No. 5889 Registered No. 210
City (No. St. Ward)

2. FULL NAME Charles Ashbrook
(a) Residence. No. R Route 5 St., Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Mal[redacted]
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5a. If Ma[redacted]d, Widowed, or Divorced Husb[redacted] of (or) Wife of Lillie Ashbrook

6. DATE OF BIRTH (month, day and year) 10-19-1866

7. AGE Years 62 Months 8 Days 16 If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer.
(b) General nature of industry, business, or establishment in which employed (or employer) Farm work.
(c) Name of employer Himself.

9. BIRTHPLACE (city or town) Hamilton Co.
(State or country) Indiana

PARENTS
10. NAME OF FATHER Wm Ashbrook.
11. BIRTHPLACE OF FATHER (city or town)
(State or country) Indiana
12. MAIDEN NAME OF MOTHER Harriet Beems
13. BIRTHPLACE OF MOTHER (city or town) Pettis Co.
(State or country) Mo.

14. Informant Mrs J. W. Antoine.
(Address) 1423 S. Prospect

15. Filed 7-10 1929 G. T. Love Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day and year) July 5 1929

17. I HEREBY CERTIFY, That I attended deceased from June 17th, 1929, to July 5th, 1929
that I last saw him alive on July 4, 1929, and that death occurred, on the date stated above, at 3:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carbuncle of neck
(duration) yrs. mos. 18 ds.
CONTRIBUTORY (SECONDARY) Diabetes Melitis
(duration) 6 yrs. mos. ds.

57

18. Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) E. C. Swavely M. D.
309 19 (Address) [illegible] Sedalia 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 Sedalia Mo
DATE OF BURIAL July 7 1929

20. UNDERTAKER McLaughlin Bros ADDRESS Sedalia

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