

SEP 26 1929

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

Do not use this space.
Dr. Pivion
28502

1. PLACE OF DEATH

County Camden Registration District No. 65-1
Township Little Prairie Primary Registration District No. 6-862
City _____ (No. _____) St. _____ (Ward)

File No. _____
Registered No. 108

2. FULL NAME Vertie Ashue

(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 <u>Female</u>	4. COLOR OR RACE <u>Black</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>✓</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>6-22-28</u>		
7. AGE	YEARS <u>1</u>	MONTHS <u>11</u>
		DAY <u>2</u>
		IF LESS THAN 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work <u>✓</u>		
(b) General nature of industry, business, or establishment in which employed (or employer) <u>✓</u>		
(c) Name of employer		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-3-29

17. I HEREBY CERTIFY, That I attended deceased from July 23, 1929, to Aug. 3, 1929, that I last saw her alive on July 23, 1929, and that death occurred, on the date stated above, at 2 A m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Acute Dys-colitis

119B (duration) _____ yrs. _____ mos. 12 ds.

CONTRIBUTORY (SECONDARY) 113B (duration) _____ yrs. _____ mos. _____ ds.

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

10. NAME OF FATHER Andrew Ashue

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

12. MAIDEN NAME OF MOTHER Ellen Philkins

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

14. INFORMANT Andrew Ashue (Address) Cantheroville

15. FILED 8/27/29 Ada Martin REGISTRAR

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 J. R. Pivion (Signed) _____ M. D.
Aug 3, 1929 (Address) Cantheroville, 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 New Addition Cemetery DATE OF BURIAL 8-3-29

20. UNDERTAKER H. S. Smith ADDRESS Cantheroville

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

