

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

Do not use this space.

28691

**1. PLACE OF DEATH**

County St. Charles  
Township "  
City St. Charles

Registration District No. 757  
Primary Registration District No. 3934

File No. \_\_\_\_\_  
Registered No. 123  
St. Charles Mo.

**2. FULL NAME**

Lucinda Asby  
(a) Residence. No. Barone ave St. Charles Mo. Ward. \_\_\_\_\_

(Usual place of abode)  
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. mos. ds.

**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 OF (OR) WIFE OF Milton Asby

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3-10-1842

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
87 5 9

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work house 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)**

Missouri

**10. NAME OF FATHER**

Joac Litton

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

don't know

**12. MAIDEN NAME OF MOTHER**

don't know

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

Missouri

**14.**

INFORMANT Mike Riley  
(Address) St. Charles, Mo

**15.**

FILED 8/19/29 Jay E. Blochman  
REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

15. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 19 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug 18, 1929, to Aug 19, 1929, that I last saw her alive on Aug 18, 1929, and that death occurred, on the date stated above, at 10.25 A.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Chronic Nephritis  
131  
162 (duration) 1 yrs. 6 mos. ds.

**CONTRIBUTORY (SECONDARY)**

Smoking (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. ds.

**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) J. J. Rieis, M. D.  
8/19/29 (Address) St. Charles, 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**

**DATE OF BURIAL**

Millwood Mo. Cemetery 8/21 1929.

**20. UNDERTAKER**

**ADDRESS**

Steinwieser Furniture Co St. Charles 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.

26 1929

235

31

