

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

Do not use this space.

39918

CERTIFICATE OF DEATH

County Barren
Township Adair
City Chapman, Mo.

Registration District No. 118
Primary Registration District No. 3767

File No. _____
Registered No. _____
St. _____ Ward) _____

2. FULL NAME Lavin Riley Ash

(a) Residence. No. _____ St. _____ Ward. _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 1843

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
86 4 —

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. none
(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 Joe Ash

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) don't know

14. INFORMANT F. P. M. M. M. M.
(Address) Barnumton Mo

15. FILED 15.17.29 G. R. Lea REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 16th 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 11th 1929, to Dec 16th 1929, and that I last saw him alive on Dec 16th 1929, and that death occurred, on the date stated above, at 1:45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Interstitial Nephritis

129A about 5 yrs. (duration) 34 hours

CONTRIBUTORY (SECONDARY) acute indigestion (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. P. Myers M.D.

12/16/1929 (Address) Macks Creek 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 Clark Cemetery DATE OF BURIAL Dec 17th 1929

20. UNDERTAKER Manty Smith ADDRESS Chapman 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.

JAN 20 1930

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