

MAR 25 1930

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

Do not use this space.

4343

1. PLACE OF DEATH

County Cass
Township Pleasant Hill
City Pleasant Hill (No. 4091)

Registration District No. 157
Primary Registration District No. 4091

File No. 5
Registered No. 5
St. Ward

2. FULL NAME

Galdie R 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 29. 1911

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
18 3 5

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of 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) Mo

10. NAME OF FATHER Geo W Ash
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) MO
12. MAIDEN NAME OF MOTHER Mary Hankins
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo

14. INFORMANT Geo. W. Ash
(Address) Pleasant Hill Mo

15. FILED 2/8 30 Willard L. Carr REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 4 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1930, to Feb 4, 1930, that I last saw him alive on Feb 7, 1930, and that death occurred, on the date stated above, at 11:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocardites
893B
(duration) unknown yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Scarlet Fever
(duration) 1 yrs. 4 mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT A PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) C. P. Courd, M. D.

, 19 (Address) Pleasant Hill 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 Pleasant Hill DATE OF BURIAL Feb 5 1930

20. UNDERTAKER W W Horn ADDRESS Pleasant Hill

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.

