

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.

20206

1. PLACE OF DEATH

County Bethu
Township Bradley
City Bradley (No.)

Registration District No. 668
Primary Registration District No. 3032

File No.
Registered No. 158
St. Ward)

2. FULL NAME

Richard Porter Ashbury
(a) Residence. No. 921 West 6th St. 4 Ward.

(Usual place of abode)
Length of residence in city or town where death occurred 16 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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 23, 1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 5 27

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Banker
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Boone County Mo
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER John S Ashbury
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Boone Co Mo
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Mary Walters
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Boone Co Mo
(STATE OR COUNTRY)

14. INFORMANT Allie May Ashbury
(Address) Bradley Mo

15. FILED 6-21-30 REGISTRAR J. P. Love

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 20 1930
17. I HEREBY CERTIFY, That I attended deceased from body, 19...., to...., 19....
that I last saw body alive on...., 19...., and that death occurred, on the date stated above, at.... 123 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Restal shot wounds
inflicted by self with
semiautomatic
167 (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 170 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no, request
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) H. I. Bishop Coroner, M. D.
, 19 (Address) 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 Columbia Mo DATE OF BURIAL June 21 1930
20. UNDERTAKER M. Laughlin Bros ADDRESS Sedalia

