

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.

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City

(No. 101380.16)

File No. 22009

Registered No. 838

St.

Ward)

2. FULL NAME

(a) Residence. No. 101380.16

(Usual place of abode)

St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred ✓ yrs. ✓ mos. 5 ds.

How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

married

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

Effie Ashford

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

May 22 - 1871

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. min.

59

1

7

8. OCCUPATION OF DECEASED

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

Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

River Construction

(c) Name of employer

U.S. Government

9. BIRTHPLACE (CITY OR TOWN)

Clarence

(STATE OR COUNTRY)

Missouri

10. NAME OF FATHER

Thomas Ashford

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

unk.

(STATE OR COUNTRY)

Kentucky

12. MAIDEN NAME OF MOTHER

Recher Ward

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

unknown

(STATE OR COUNTRY)

Kentucky

14. INFORMANT

(Address)

81 21 1930

15. FILED

FILED

John G. Ashford

REGISTERED

MEDICAL CERTIFICATE OF DEATH

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

July 20 1930

17.

I HEREBY CERTIFY, That I attended deceased from July 1st 1930, 1930 to July 20, 1930

that I last saw him alive on July 17th, 1930, and that death occurred, on the date stated above, at 12:30

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Valvular Heart disease
Aortic insufficiency and
mitral stenosis

924

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH?

no

DATE OF

20. WAS THERE AN AUTOPSY?

no

21. WHAT TEST CONFIRMED DIAGNOSIS?

Clinical symptoms
A.H. Kelly, M.D.

(Signed)

July 21, 1930 (Address) St Joseph 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

Belmont Cemetery July 22 1930

20. UNDERTAKER

ADDRESS

Sheehan Funeral Home 1946 Galton

