

SEP 25 1930

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

27111

1. PLACE OF DEATH

County Jefferson
 Township Waverly
 City Desoto

Registration District No. 420
 Primary Registration District No. 5574

File No. _____
 Registered No. 95
 St. _____ Ward _____

2. FULL NAME

Lucia Wesley Aschaff

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M.

4. COLOR OR RACE

W.

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

Widower.

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

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

Sept 3 - 1845

7. AGE

84

YEARS

MONTHS

DAYS

If LESS than 1
 day, _____ hrs.
 or _____ min.

8. OCCUPATION OF DECEASED

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

Farmer.

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Harrison Co.

(STATE OR COUNTRY)

Ky.

10. NAME OF FATHER

Not known

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ky.

12. MAIDEN NAME OF MOTHER

Not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Not known

14.

INFORMANT
 (Address)

Pearl Aschaff
Desoto Mo.

15.

FILED

8/23/30
1930

B. L. Baughman
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 21 1930

17. I HEREBY CERTIFY That I attended deceased from Aug 20 to Aug 21 that I last saw him alive on Aug 20 and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Rheumatism

CONTRIBUTORY
 (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH?

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

Chas. B. J. J. J.
Desoto 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

Woodham Cemetery

8-23 1930

20. UNDERTAKER

ADDRESS

Richardson Motherhead

Desoto 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.

