

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

Do not use this space.

28806

1. PLACE OF DEATH

County Saline
Township State
City State (No. _____)

Registration District No. 799
Primary Registration District No. 4479

File No. _____
Registered No. 51
St. _____ Ward)

2. FULL NAME

Leona Ashery
(a) Residence No. 49 St. _____ Ward. _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hr. or _____ min.
about 43

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(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 John Graves

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) mo

12. MAIDEN NAME OF MOTHER Jennie Graves

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) mo

14.

INFORMANT Lacy Ashery
(Address) State mo

15.

FILED 8/18/30 W. M. Tuttle
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from 3/13 1928 to 8/16 1930 that I last saw her alive on 8/10 1930 and that death occurred, on the date stated above, at 10:20 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

articular rheumatism
57H

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

none

(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? no

WHAT TEST CONFIRMED DIAGNOSIS?

8/18/30 (Address) State 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

State col Cent 8-18 1930

20. UNDERTAKER

ADDRESS

Hill Brog

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.

1930

