

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

Do not use this space.

28867

1. PLACE OF DEATH

County Stoddard
Township Castor
City (No. _____) _____

Registration District No. 837
Primary Registration District No. 6099

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

2. FULL NAME

Jonathan Y. Aslin

(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

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) 9-25-1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hr. or _____ min.
66 9 12

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)

(STATE OR COUNTRY) Stoddard

10. NAME OF FATHER David J. Aslin

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

12. MAIDEN NAME OF MOTHER Ann Barkman

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

14. INFORMANT David W. Aslin
(Address) Dexter, Mo.

15. Aug 30 1930 Edw Ford
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-7-1930

17. I HEREBY CERTIFY, That I attended deceased from June 1928 to July 7, 1930
that I last saw him alive on July 5, 1930, and that death occurred, on the date stated above, at 1:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

8211
R.D.
arterial hemorrhage
followed by rupture of cerebral
of brain (duration) 1 yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED? 7401

IF NOT AT PLACE OF DEATH _____

8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) E. P. Boney, M. D.

, 19 30 (Address) Boonville 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

Walters Cemetery 8-7 1930

20. UNDERTAKER

ADDRESS

J. A. Childs Blountfield

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS attending to the CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION of DECEASED.

103
AUG 20 1930

1950
1951
1952