

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.

ULC 22 1930

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

Do not use this space.

Shy 7005

1. PLACE OF DEATH

County Crittin
Township Sedalia
City Sedalia (No. Bohwell Mem. Hosp.)

Registration District No. 669
Primary Registration District No. 3032

File No. _____
Registered No. 308 (Ward)

2. FULL NAME

Flora Etta Ash.

(a) Residence. No. Clinch at Spgs. Mo 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 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 Floyd Ash.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr - 27 - 1899

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
31 6 28

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 Lawrence Siehl

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

12. MAIDEN NAME OF MOTHER Louisa Williams

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

14. INFORMANT Floyd Ash (Address) Clinch at Spgs. Mo

15. FILED 11-27-30 REGISTRAR J.B. Love

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov - 25 - 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 19, 1930, to Nov 25, 1930. that I last saw her alive on Nov 19, 1930, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Septic infection

CONTRIBUTORY (SECONDARY) 1460 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRAICTED IF NOT AT PLACE OF DEATH. _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) M.C. Shy, 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 Cable Ridge DATE OF BURIAL 11/26 1930

20. UNDERTAKER Tullispari ADDRESS Sedalia

