

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

Do not use this space.

38223

1. PLACE OF DEATH

County Saline

Registration District No. 11

Township Marshall

Primary Registration District No. 1

City Marshall (No. 1)

File No. 164

Registered No. 164

St. 1 Ward

2. FULL NAME

(a) Residence. No. John Richmond Ashley St. 1 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

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

Mrs. E. Ashley

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

June 7-1864

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

66

5

12

8. OCCUPATION OF DECEASED

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

Saline

(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)

Miss.

10. NAME OF FATHER

Prison Ashley

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Miss.

12. MAIDEN NAME OF MOTHER

Elizabeth Hollander

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Miss.

14.

INFORMANT

(Address)

Mrs. Mrs. E. Ashley

Marshall Mo

15.

FILED 11-25-30

Mrs. John H. McQuinn

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Nov. 19 1930

17.

HEREBY CERTIFY, That I attended deceased from

Nov. 19 1930 to Nov. 19 1930

that I last saw him alive on Nov. 18 1930, and that death occurred, on the date stated above, at 2-15 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

myocarditis.
93 C. (duration) 1 yrs. 0 mos. 0 ds.

CONTRIBUTORY (SECONDARY)

(duration) 0 yrs. 0 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) H. H. Van Ness M. D.

Nov 19 1930 (Address) Marshall

*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

Ridge Park Cem Nov 20 1930

20. UNDERTAKER

ADDRESS

W. M. Campbell Marshall

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.

