

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.

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

Do not use this space.

4208

1. PLACE OF DEATH

County Sevier
Township R. Highland
City Sikeston (No.)

Registration District No. 821
Primary Registration District No. 6970

File No. 14
Registered No.
St. Ward)

2. FULL NAME

Alta Frankie Ashcraft

(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

Female

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

Willie Ashcraft

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

OCT-3-1896

7. AGE

YEARS

MONTHS

DAYS

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

34

2

30

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)

Calwell County, Ky.

10. NAME OF FATHER

Billie Dobb

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

Tenn.

12. MAIDEN NAME OF MOTHER

Clennie Kraft

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

Ky.

14.

INFORMANT

(Address)

Willie Ashcraft
Sikeston, Mo

15.

FILED

2/10/37
W. E. Lewis

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Jan. 30 1931

17.

I HEREBY CERTIFY, That I attended deceased from about Jan 1, 1931, to Jan 30, 1931, that I last saw h. alive on Jan 30, 1931, and that death occurred, on the date stated above, at 11:30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Valvular insufficiency of heart
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Confinement - pregnancy
(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?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

A. A. McFadden, M. D.

Jan 31, 1930 (Address) Sikeston, 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

Memorial Park

1-31 1931

20. UNDERTAKER

ADDRESS

H. R. Dempster

Sikeston, Mo

