

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

Do not use this space.

9495

**1. PLACE OF DEATH**

County Greene

Registration District No. 38

File No. 181

Township \_\_\_\_\_

Primary Registration District No. 294

Registered No. \_\_\_\_\_

City Springfield (No. Springfield 93)

Hospital (Ward)

\_\_\_\_\_ (Ward)

**2. FULL NAME**

Laura Josie Ash

(a) Residence. No. Cleveland, Mo. St. \_\_\_\_\_ Ward. \_\_\_\_\_

(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 George Ash.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 18 - 1894

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, .....hrs. or .....min.
	36	11	18	

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) Missouri

10. NAME OF FATHER Herrickah Jones

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

12. MAIDEN NAME OF MOTHER Mary Wells

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

14. INFORMANT Mrs Frank (Address) Springfield - Mo.

15. FILED 3-7 1931 Lon Sharp REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) March, 6<sup>th</sup> 1931

17. I HEREBY CERTIFY, That I attended deceased from 2-26-1931 to 3-6-1931 day, and that I last saw him alive on 3-6-1931 and that death occurred, on the date stated above, at 5:20 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Bronchial Pneumonia  
IIA

CONTRIBUTORY (SECONDARY) Influenza (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH. NO

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Henry L. Kusch, M.D.  
3/7-1931 (Address) 450 1/2 Council

\*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 Home Co. Wise Hill. Clem DATE OF BURIAL Mar. 8 - 1931

20. UNDERTAKER J. W. Maggs ADDRESS Cleves. Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

APR 22 1931

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