WHITE PEARLY, 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.

MAY 27 1931

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

Do not use this space.

1. PLACE OF DEATH
11 County Buchanan — Registration District No. 83 — File No. 13193
Township Crawford — Primary Registration District No. 5174 — Registered No.
City (No. Halleck Mo St. Ward)

2. FULL NAME John L. Ashbaugh
(a) Residence. No. Halleck Mo 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: 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: Ola Ashbaugh

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Febr. 9, 1871

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
60	2	0	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Land Inspector 154
(b) General nature of industry, business, or establishment in which employed (or employer): Bartlett Bro
(c) Name of employer: Land and Loan Co

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Atchison Kansas

PARENTS
10. NAME OF FATHER: Wm. Ashbaugh
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Louisville Kentucky
12. MAIDEN NAME OF MOTHER: Martha Renfrow
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Louisville Kentucky

14. INFORMANT: Mrs. Hattie Cauley
(Address) Halleck Missouri

15. FILED 4-5, 1931 W. S. Hull REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 9, 1931

17. I HEREBY CERTIFY, That I attended deceased from Apr. 1 1931, to Apr. 4, 1931 that I last saw him alive on Apr. 7, 1931, and that death occurred, on the date stated above, at 1 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Nephritis
131 (duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 131 (duration) yrs. mos. 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? Urinalysis
(Signed) J. R. Peter, M. D.
4/10, 1931 (Address) Halleck 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: Halleck Cemetery — DATE OF BURIAL: Apr. 11, 1931

20. UNDERTAKER: E. R. Lidenfaden — ADDRESS: 602 So. 10 St. Joe, Mo