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.

MAY 4 1931

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

Do not use this space.

14838

1. PLACE OF DEATH

59 County Livingston — Registration District No. 508 — File No.

Township — Primary Registration District No. 3026 — Registered No. 47

City Chillicothe (No. ..... St. ..... Ward)

7 2. FULL NAME Margarett A. Ashford

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(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.

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: Peyton Ashford

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 6-1873

7. AGE: YEARS 57 — MONTHS 8 — DAYS 9 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 235

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Scyler Co. Mo.

FATHER

13. NAME: John W Bryan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Scyler Co Mo

MOTHER

15. MAIDEN NAME: Mary Mitchell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Scyler Co Mo

17. INFORMANT (ADDRESS): Mr Peyton Ashford Chillicothe Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Edgewood Cem DATE: April 17. 1931

19. UNDERTAKER (ADDRESS): Jas D Gordon Chillicothe Mo

20. FILED 4/17 1931 R. Barney Registrar.

2 MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Mch 21 - 1931, to April 15 - 1931

I last saw her alive on April 15, 1931. Death is said to have occurred on the date stated above, at 3 a m.

The principal cause of death and related causes of importance were as follows:

Endocarditis — Date of onset

92B

115A 92B

Other contributory causes of importance:

(Peritonsillar abscess)

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) H. S. Dewell, M. D.

(Address) Chillicothe Mo.

4/17/31