

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

Do not use this space.

19003

1. PLACE OF DEATH

County Randolph
Township _____
City Moberly

Registration District No. 735
Primary Registration District No. 3034
(No. American Hotel)

File No. _____
Registered No. 104
St. _____ Ward _____

2. FULL NAME Frank Ash

(a) Residence, No. _____ St. _____ Ward. Great Falls, Idaho
(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 Ella Ash

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5th 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 0 20

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 172

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) mo 1

13. NAME Wm P. Ash

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo

15. MAIDEN NAME Hester Wilson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo

17. INFORMANT O O Ash (ADDRESS) Moberly mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Moberly, mo DATE 5-27 1931

19. UNDERTAKER Mahan 2nd Son (ADDRESS) Moberly, mo

20. FILED 5/30 1931 Thos J Fleming Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25th 1931

22. I HEREBY CERTIFY, That I attended deceased from _____ 19____, to _____ 19____

I last saw h. _____ alive on _____ 19____. Death is said to have occurred on the date stated above, at 5:30 am.

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

Suicide - from drinking Carbol
163-0 acid.

Other contributory causes of importance

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? suicide Date of injury 5/25, 1931

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? _____

If so, specify _____ (Signed) COT Dixon, M. D.

(Address) Moberly, mo.

