

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.

JUN 29 1933

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

Do not use this space.

20304

1. PLACE OF DEATH

County Sullivan  
Township Buchanan  
City                      (No.                     )

Registration District No. 848  
Primary Registration District No. 6123

File No. 19  
Registered No. 45  
St.                      Ward                     

2. FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

|                                                                                                                |                                  |                                                                             |
|----------------------------------------------------------------------------------------------------------------|----------------------------------|-----------------------------------------------------------------------------|
| 3. SEX<br><u>Male</u>                                                                                          | 4. COLOR OR RACE<br><u>white</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Margaret Ashburn</u>                           |                                  |                                                                             |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 24 - 1855</u>                                                  |                                  |                                                                             |
| 7. AGE<br><u>75</u> YEARS                                                                                      | MONTHS<br><u>7</u>               | DAYS<br><u>8</u>                                                            |
| If LESS than 1 day, hrs. <u>                    </u> min. <u>                    </u>                          |                                  |                                                                             |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>      |                                  |                                                                             |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>                    </u> |                                  |                                                                             |
| 10. Date deceased last worked at this occupation (month and year) <u>                    </u>                  |                                  |                                                                             |
| 11. Total time (years) spent in this occupation <u>                    </u>                                    |                                  |                                                                             |

OCCUPATION

FATHER

MOTHER

|                                                                                           |
|-------------------------------------------------------------------------------------------|
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>                              |
| 13. NAME <u>Wm Ashburn</u>                                                                |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>                    </u>              |
| 15. MAIDEN NAME <u>Susana Shively</u>                                                     |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pa.</u>                               |
| 17. INFORMANT <u>Mrs Geo Ashburn</u> (ADDRESS) <u>Green City Mo</u>                       |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Green City Mo</u> DATE <u>5-2</u> 19 <u>33</u> |
| 19. UNDERTAKER <u>Glenn E. Bent</u> (ADDRESS) <u>Green City Mo</u>                        |
| 20. FILED 19 <u>                    </u>                                                  |

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 2 1931

22. I HEREBY CERTIFY, That I attended deceased from Apr 26 1931, to May 2 1931.  
Last saw him alive on May 2 1931. Death is said to have occurred on the date stated above, at 12 P. m.

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

Uremia (non Puap)  
132A  
104B  
132B  
32

Date of onset 4/29/31

Other contributory causes of importance:  
Frontal sinus infection  
and Nephritis

Name of operation                      Date of                       
What test confirmed diagnosis?                      Was there an autopsy?                     

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) M. H. Huntington M.D. M. D.  
(Address) Green City Mo

