

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

Do not use this space.

22138

1. PLACE OF DEATH  
 67 County Mississippi Registration District No. 566  
 Township Jefferson Primary Registration District No. 3030  
 City Charleston (No. ....) St. .... Ward) .....

2. FULL NAME Infant Ashley  
 (a) Residence. No. 312 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**

**MEDICAL CERTIFICATE OF DEATH** 5 P.M.

3. SEX F 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) .....

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF .....

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 6-30-31 7:15AM.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min. 15

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-30 1931

17. I HEREBY CERTIFY, That I attended deceased from June 30, 1931 to June 30, 1931, that I last saw her alive on June 30, 1931, and that death occurred, on the date stated above, at 5 P. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Premature Birth

153

(duration) ..... yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY) .....

(duration) ..... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED .....

IF NOT AT PLACE OF DEATH .....

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS .....

(Signed) Arthur P. Russell, M. D.

7-2, 1931 (Address) Seaton road

\*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.

8. OCCUPATION OF DECEASED .....

(a) Trade, profession, or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Charleston, Mo / (STATE OR COUNTRY) .....

PARENTS

10. NAME OF FATHER Grade Ashley

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

12. MAIDEN NAME OF MOTHER Della Newell

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

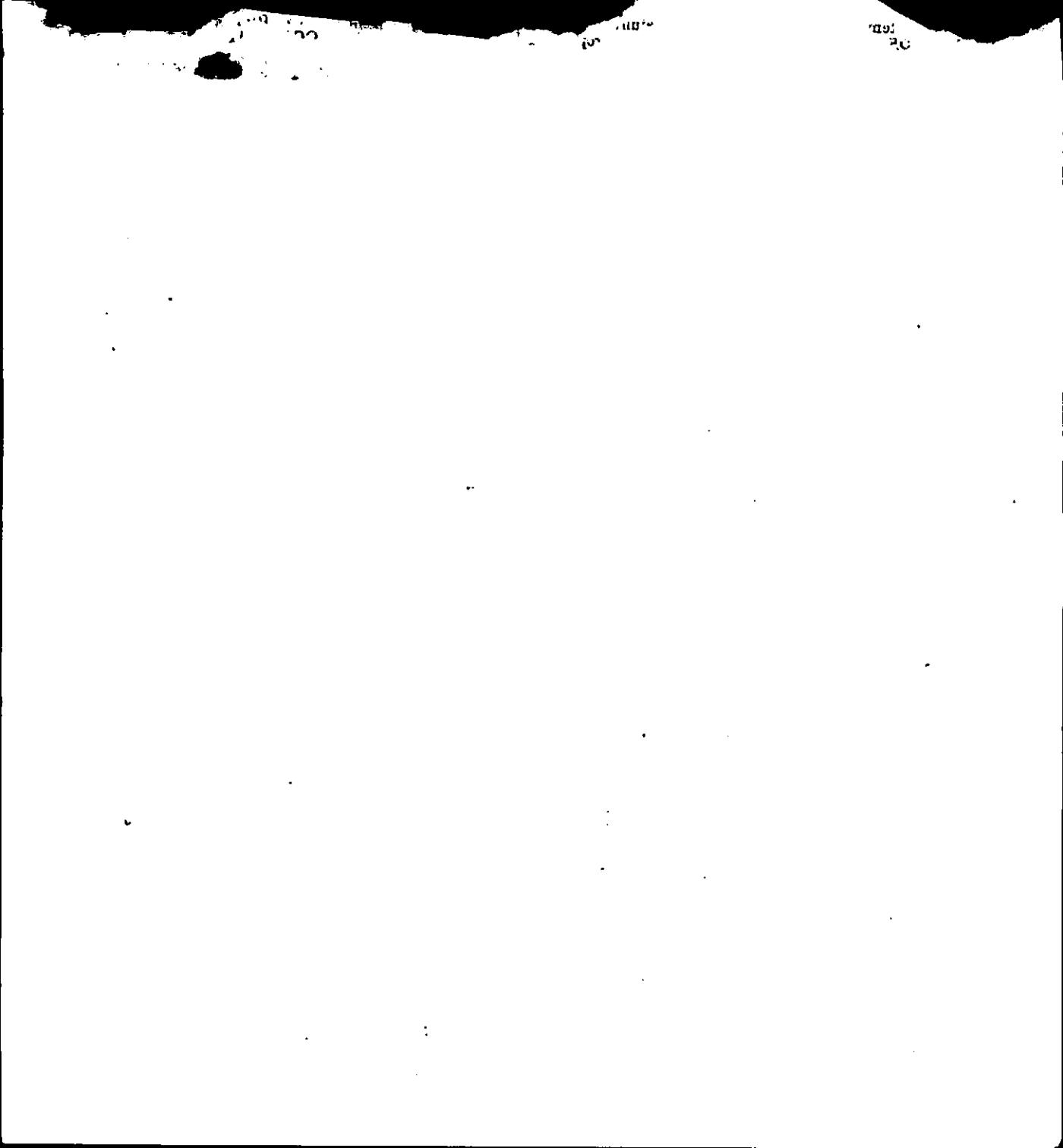
14. INFORMANT Frances Hallin (Address) Charleston, Mo.

15. FILED July 1st 1931 F. D. Verman REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Oak Grove DATE OF BURIAL 7/1 1931

20. UNDERTAKER Lau Und. Co. ADDRESS Charleston Mo.

ALL INFORMATION SHOULD BE CAREFULLY EXAMINED IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY INTERPRETED.



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Missouri Registration District No. 566 File No. \_\_\_\_\_  
 Township \_\_\_\_\_ Primary Registration District No. 2030 Registered No. 18  
 City Charleston (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ 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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>S</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE	YEARS	MONTHS
		DAYS
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Data 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)		
FATHER	13. NAME	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
17. INFORMANT (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE, 19__		
19. UNDERTAKER (ADDRESS)		
20. FILED 19__ Registrar _____		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-30-1931

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_

I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

*Temperature*  
*Pitch*

Other contributory causes of importance:

**159**

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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) \_\_\_\_\_, M. D.

(Address) \_\_\_\_\_

**TEMPERATURE SUPPLEMENTARY**

*Local Health Officer*  
*Missouri*

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

Every item of information should be carefully & properly classified. Exact sex, color, race, and occupation should be stated EXACTLY. Every physician should state the cause of death in plain terms, so that it may be properly classified. Every physician should state the cause of death in plain terms, so that it may be properly classified.

2011