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.

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

Do not use this space.

791
1003

29959

File No.

Registered No. 9018

1. PLACE OF DEATH

County ..... Registration District No. .....

Township ..... Primary Registration District No. .....

City St. Louis Mo (No. 4235 Blaine Ave St. ..... Ward)

2. FULL NAME Thomas M. Ashlock

(a) Residence. No. 4235 Blaine St., 18 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4/24/1875

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	56	3	29	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Stationary Engeneer

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

(c) Name of employer Unemployed

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER James Ashlock

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

12. MAIDEN NAME OF MOTHER Maranthia Lawhley

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

14. INFORMANT Belle Ashlock
(Address) 4235 Blaine Ave

15. FILED AUG 24 1931, 19 Max C Starkey REGISTRAR

3

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 23 1931

17. I HEREBY CERTIFY, That I attended deceased from May 15, 1931, to Aug 23, 1931, that I last saw him alive on Aug 23, 1931, and that death occurred, on the date stated above, at 8:40 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pernicious Anemia

121

71A

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) Opinion for Gall Stones

(duration) yrs. 1 mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH .....

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

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) W Wilson Hall, M. D.

Aug 23, 1931 (Address) 1625 Tower Grove

*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	DATE OF BURIAL
Memorial Park Cemetery	8/25 1931
20. UNDERTAKER	ADDRESS
McLaughlin	1631 Mo, Av