

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

Do not use this space.

32159

1. PLACE OF DEATH

County Platte
Township Butts
City Parkville (No. 4417)

Registration District No. 695
Primary Registration District No. 4417

File No. 633
Registered No. 22
St. _____ Ward _____

2. FULL NAME

Thaddeus Ashby

(a) Residence, No. _____ St., _____ Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred 75 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) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Kate B. Moore

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 10, 1854

7. AGE YEARS 77 MONTHS 5 DAYS 7 If LESS than 1 day, _____ hrs. or _____ min.

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

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

10. Date deceased last worked at this occupation (month and year) March 1926 11. Total time (years) spent in this occupation 52

12. BIRTHPLACE (CITY OR TOWN) Parkville (STATE OR COUNTRY) Mo

13. NAME J. C. S. Ashby

14. BIRTHPLACE (CITY OR TOWN) Covington (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Martha Ann Ford

16. BIRTHPLACE (CITY OR TOWN) Owensboro (STATE OR COUNTRY) Kentucky

17. INFORMANT Inna B. Ashby (ADDRESS) 1119 N. 26 St. Milwaukee

18. BURIAL, CREMATION, OR REMOVAL PLACE Walnut Grove DATE Sept-19 1931

19. UNDERTAKER Holand Undertaking Co (ADDRESS) Parkville Missouri

20. FILED 9-19 1931 J. H. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-17 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 24, 1931, to Sept. 17, 1931. I last saw him alive on Sept. 17, 1931. Death is said to have occurred on the date stated above, at 3:01 m.

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

malignant growth in sigmoid
obstruction, and rupture of sigmoid
Date of onset _____

Other contributory causes of importance:

46 C
122 A

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) S. P. Ford, M. D.
(Address) Parkville Mo



**MISSOURI STATE BOARD OF HEALTH
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ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Platte
Township Parisville
City Parisville (No. 4417)

Registration District No. 695-
Primary Registration District No. 4417

File No.
Registered No. 22
St. Ward)

2. FULL NAME

(a) Residence, No. 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

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

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. 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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/17 19 31

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..... m.

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

Malignant growth in bowel obstruction and rupture of bowel in sigmoid

Other contributory causes of importance:

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) S. P. Ford M. D.
(Address) Parisville Mo

Registrar.

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

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