

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.

FEB 23 1932

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

Do not use this space.

430

1. PLACE OF DEATH
 19 County Coass Registration District No. 157
 10 Township Pleasant Hill Primary Registration District No. 4091 File No. 7
 2 City Pleasant Hill (No. _____) St. _____ Registered No. 4 Ward _____

2. FULL NAME General S Ash
 (a) Residence, No. Pleasant Hill 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

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 26 1876

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>66</u>	<u>8</u>	<u>26</u>	

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

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) mo

FATHER
 13. NAME Wm Ash
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo

MOTHER
 15. MAIDEN NAME Sarah Hart
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo

17. INFORMANT Elymer Ash
 (ADDRESS) Pleasant Hill

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Pleasant Hill DATE Jan 22 1932

19. UNDERTAKER W. W. Hunt
 (ADDRESS) Pleasant Hill mo

20. FILED Jan 21 1932 F. V. Murray M. D.
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 20 1932

22. I HEREBY CERTIFY, that I attended deceased from July 23 1931 to Jan 20 1932
 last saw him alive on Jan 20 1932 Death is said to have occurred on the date stated above, at 8:15 P. m.
 The principal cause of death and related causes of importance were as follows:
Spinal Progressive Muscular Atrophy. Date of onset 1929
81A 81

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? Physical 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 ①
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No.
 If so, specify _____
 (Signed) F. V. Murray M. D.
 (Address) Pleasant Hill, Mo.

11

12