

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.

1. PLACE OF DEATH

County Dent Co.
Township Gladden
City _____

Registration District No. 997
Primary Registration District No. 6238

File No. 4221
Registered No. 8
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 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

married

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

Vernon Asbridge

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

June 17, 1911

7. AGE

19 YEARS

7 MONTHS

27 DAYS

If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

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

Housewife 235

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Dent Co.

(STATE OR COUNTRY)

Mo

10. NAME OF FATHER

Chas P. Conway

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Dent Co.

(STATE OR COUNTRY)

Mo

12. MAIDEN NAME OF MOTHER

Mary Elizabeth Norton

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Osage Co.

(STATE OR COUNTRY)

Mo

14.

INFORMANT
(Address)

Frank Asbridge
Gladden Mo

15.

FILED

Mar 10, 1932 F. M. Jadin

REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) February 14 1932

17.

I HEREBY CERTIFY, That I attended deceased from January 30 1932, to February 12 1932, that I last saw him alive on February 12 1932, and that death occurred, on the date stated above, at 5:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Persistent Uterine Inertia (Post Partum)
Sepsis

(duration) _____ yrs. _____ mos. 16 ds.

CONTRIBUTORY (SECONDARY)

Physoxicosis

(duration) 8 yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

Gladden Missouri

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY?

No

WHAT TEST CONFIRMED DIAGNOSIS?

Clinical Findings

(Signed) A. E. Smith

M. D.

Feb 15, 1932 (Address) Saline Missouri

*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

M. Carter

2-15-32

20. UNDERTAKER

W. D. Hobson

ADDRESS

Saline Mo

THE PATENT

OFFICE

1000

THE PATENT

**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 Deer
Township Madison
City Madison

Registration District No. 991
Primary Registration District No. 6238

File No. 5
Registered No. 5
St. Ward

2. FULL NAME

Eunice Asbridge
(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>7</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>m</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u> </u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 17-1911</u>		
7. AGE YEARS <u>20</u> MONTHS <u>7</u> DAYS <u>27</u>	If LESS than 1 day, ...hrs. or min.	
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) <u> </u>		
11. Total time (years) spent in this occupation <u> </u>		

OCCUPATION

MOTHER, FATHER

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

19. UNDERTAKER (ADDRESS)

20. FILED Mar 10 1932 P.M. Jadwin
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/14 1932

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:

Date of onset

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) , M. D.
(Address)

SUPPLEMENTARY

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

S-4321