

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

Do not use this space.

5503

1. PLACE OF DEATH

71
4
2
County Morgan Registration District No. 598
Township Morgan Primary Registration District No. 4355
City Versailles (No. _____) St. _____ Ward _____

2. FULL NAME

Eliza Ann Ash
(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

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 16-1863

7. AGE YEARS 68 MONTHS 5 DAYS 0 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

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) Osage Iron Mts. Mo

13. NAME John Appleton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no Record 31st

15. MAIDEN NAME Don't Know

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

17. INFORMANT (ADDRESS) Hybert Ash Versailles, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Climax Spgs Mo DATE Feb 18 32

19. UNDERTAKER (ADDRESS) H. G. Kidwell Versailles Mo

20. FILED 2-17 1932 A. N. Sutton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 16 1932

22. I HEREBY CERTIFY, That I attended deceased from July 6 1931 to Feb 16 1932. I last saw her alive on Feb 16 1932. Death is said to have occurred on the date stated above, at 6:05 A. m.

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

Gastric cancer
46 46 13
Other contributory causes of importance: none

Name of operation _____ Date of _____
What test confirmed diagnosis? Test stomach contents 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. H. Newton, M. D.
(Address) Versailles Mo

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

MAY 24 1932

