

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

Do not use this space.

9433

**1. PLACE OF DEATH**

94 County Franklin  
Township 11 11  
City (No. ....) St. .... Ward)

Registration District No. 618  
Primary Registration District No. 5820

File No. ....  
Registered No. ....  
St. .... Ward)

**2. FULL NAME**

Martin Luther Asbell

(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 Male 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 Maggie Asbell

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 15 - 1846

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
85 3 77

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer).....  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Ohio 2  
(STATE OR COUNTRY)

10. NAME OF FATHER William Asbell

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Belmont Co Ohio  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Elizabeth Jenkins

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

14. INFORMANT Mrs Martin Asbell  
(Address) Burlington June, Mo

15. FILED 3/12/37 Stassins  
REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 10 1932

17. I HEREBY CERTIFY, That I attended deceased from Mar 4, 1932, to Mar 10, 1932 that I last saw him alive on Mar 10, 1932, and that death occurred, on the date stated above, at 2 P.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Apoplexy; End result of Hypostatic pneumonia  
(duration) .... yrs. .... mos. 6 ds.

CONTRIBUTORY Chronic Bronchitis + arteriosclerosis (SECONDARY) of a number of years duration (duration) .... yrs. .... mos. .... ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH. ....

19. DID AN OPERATION PRECEDE DEATH? no DATE OF 3  
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
(Signed) L. E. Wallace M.D.

Mar 13, 1932 (Address) Burlington, Mo.

\*State the DISEASE CAUSING DEATH, or in death 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  
Burlington June, Mo. 3/12/32 1932

20. UNDERTAKER W. B. Maxwell  
ADDRESS

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.

APR 28 1937

