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

Do not use this space.

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File No.

Registered No. 8

1. PLACE OF DEATH
33 County Dent
Township Texas
City (No. , St. Ward)
Registration District No. 1035
Primary Registration District No. 5372

2. FULL NAME Mrs Ardell Asbridge

(a) Residence. No. (Usual place of abode) St., Ward.
Length of residence in city or town where death occurred 17 yrs. mos. ds.
(If nonresident, give city or town and State)
How long in U. S., if of foreign birth? yrs. mos. ds.

MAY 24 1932

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	white	widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 1 - 1849

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
82	~~8~~ 7	23	

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama

PARENTS
10. NAME OF FATHER Samuel McCuan
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Alabama
12. MAIDEN NAME OF MOTHER Carlenia Cox
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Alabama

14. INFORMANT Albert Asbridge
(Address) Jack Mo R 1

15. FILED 5/26 1932 J. A. Finnock
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4/24 1932

17. I HEREBY CERTIFY, That I attended deceased from April 17 1932 to April 25 1932
that I last saw her alive on April 25 1932 and that death occurred, on the date stated above, at 4/30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage - Hemiplegia
(duration) yrs. mos. 12 ds.
CONTRIBUTORY (SECONDARY) Cardio-vascular renal disease (duration) ? yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 31 (1)
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) Lloyd H. Hunt, M. D.
, 19 (Address) Salem. Mo.

*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
Green Forest Cem	4/26 1932
20. UNDERTAKER H D Holman	ADDRESS Salem Mo.