

JUN 21 1932

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

Do not use this space.

15220

1. PLACE OF BIRTH

5 County *Barry*
3 Township
4 City *Monett* (No. *3003*)

Registration District No. *30*
Primary Registration District No. *3003*

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Earl Louis Ashburn
(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 *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 28, 1914*

7. AGE YEARS *17* MONTHS *9* DAYS *7* IF LESS than 1 day, _____ hrs. _____ min.

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

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) *Garnett 2 Kansas*

13. NAME *Chas Louis Ashburn*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Garnett Kansas*

15. MAIDEN NAME *Eva Grace Korrell*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Centerville Kansas*

17. INFORMANT (ADDRESS) *Chas L. Ashburn Garnett, Kansas*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Garnett, Kansas* DATE *July 29, 1932*

19. UNDERTAKER (ADDRESS) *Callaway Monett, Mo.*

20. FILED *5-7-* 1932 *W. D. West* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *5-5-1932*

22. I HEREBY CERTIFY, That I attended deceased *once May 5th 1932 to*
I last saw him alive on *May 5th, 1932* Death is said to have occurred on the date stated above, at *10:00 a.m.*
The principal cause of death and related causes of importance were as follows:
Shock due to an injury received when train ran over him.
Date of onset *May 5th 1932*

Other contributory causes of importance:
None

Name of operation *Chloroform anesthesia* Date _____
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 *Accident* Date of injury *May 5, 1932*
Where did injury occur *Monett, Mo.* (Specify city or town, county and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury *Run over by train*
Nature of injury *Right leg crushed and right arm crushed*
Was disease or injury in any way related to occupation of deceased? *No*
(Signed) *W. D. West* M. D.
(Address) *Monett, Mo.*

CAUSE

carefully supply
it may be prob-

state should state
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BYE

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.

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

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 Barry

Registration District No. 30

Township

Primary Registration District No. 3003

City Monett

(No. _____)

File No. _____

Registered No. _____

St. _____

Ward _____

2. FULL NAME Earl Louis Ashburn

(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 M

4. COLOR OR RACE W

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

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

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

7. AGE

YEARS

MONTHS

DAYS

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

OCCUPATION

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)

11. Total time (years)
spent in this
occupation

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 5-7-32 19

W. M. West
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5 - 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:

Shock due to an Date of onset

injury received when

train ran him

off from train

no auto

was riding freight

train

Other contributory causes of importance:

2.0

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? Accident Date of injury 5-5-1932

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 Ran over by train

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) _____, M. D.

(Address) _____

5-15220