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

Do not use this space.

15737

1. PLACE OF DEATH

33 County Dent — Registration District No. 266

Township Osage — Primary Registration District No. 5-375-

City ..... (No. ..... St. ..... Ward)

File No. .....

Registered No. 28

2. FULL NAME Lora Asher

(a) Residence. No. ..... St., ... Ward. .....

(Usual place of abode) Bass Mo (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.

JUN 22 1932

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
F	W	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF G-Asher

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept-12-1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	44	7	24	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Wife

(b) General nature of industry, business, or establishment in which employed (or employer) 235

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Bass Mo

(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER White King

11. BIRTHPLACE OF FATHER (CITY OR TOWN) D K

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Lizzie Pogue

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) D K

(STATE OR COUNTRY)

14. INFORMANT Isaac Hanson

(Address) Bass Mo

15. FILED 5/7, 1932. W. E. Rudd. Jr. D.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May — 6 — 1932

17. I HEREBY CERTIFY, That I attended deceased from June 16, 1930, to May — 6, 1932, that I last saw h.er alive on Feb 10, 1932, and that death occurred, on the date stated above, at 12 Noon m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis

23A

11A (duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Influenza (duration) ..... yrs. 1 mos. 15 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? (1)

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Symptoms

(Signed) O. E. Dillard, M. D

5/6, 1932 (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
Bass Cemetery	May 7 1932
20. UNDERTAKER None	ADDRESS

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.