

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

Do not use this space.

16852

File No. 38
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

69 County MONROE Registration District No. 582
4 Township _____ Primary Registration District No. H344
2 City PARIS (No. _____) St. _____ Ward _____

2. FULL NAME

CHARLES ASHCRAFT

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 8 mos. 6 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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Effie Ashcraft</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 18, 1867</u>		
7. AGE	YEARS <u>64</u>	MONTHS <u>9</u>
	DAYS <u>21</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Shoe Repairing</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>87</u>	
	10. Date deceased last worked at this occupation (month and year) <u>APRIL 1932</u>	11. Total time (years) spent in this occupation <u>15</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>PARIS, Mo.</u>		
FATHER	13. NAME <u>Nimrod Ashcraft</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Lucinda Speed</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
17. INFORMANT <u>Effie Ashcraft</u> (ADDRESS) <u>Paris, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Walnut Grove</u> DATE <u>MAY 10 1932</u>		
19. UNDERTAKER <u>Speed Blakey</u> (ADDRESS) <u>Paris, Mo.</u>		
20. FILED <u>MAY 9 1932</u> <u>H. C. Payne</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY 9 1932 . 19

22. I HEREBY CERTIFY, That I attended deceased from OCT 5, 1928 to May 9, 1932
I last saw him alive on May 8, 1932 Death is said to have occurred on the date stated above, at 11 P.m.
The principal cause of death and related causes of importance were as follows:
Chronic Interstitial nephritis Date of onset 1926
131
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Other contributory causes of importance:
(1)
Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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) H. C. Payne, M. D.
(Address) PARIS, Mo.

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.

JUN 23 1932

