

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.

SEP 21 1934

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

Do not use this space.

25366

13

1. PLACE OF DEATH

9 County Bolivar
Township Wayne
City _____ No. _____

Registration District No. 698
Primary Registration District No. 5-108

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

2. FULL NAME

(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 not resident, 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>Sarah Ellen Ashley</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 18, 1864</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>62</u>	<u>10</u>	<u>06</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>			
	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) <u>Aug. 1932</u>		11. Total time (years) spent in this occupation <u>41 yrs</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind.</u>				
FATHER	13. NAME <u>John W. Ashley</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind.</u>			
MOTHER	15. MAIDEN NAME <u>Laura Ingelman</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind.</u>			
17. INFORMANT (ADDRESS) <u>Sarah E. Ashley</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bethany Cem.</u> DATE <u>Aug. 26, 1932</u>				
19. UNDERTAKER (ADDRESS) <u>J. J. Horvath</u>				
20. FILED <u>8-25-</u> , 19 <u>32</u> <u>A. T. Kirkpatrick</u> Registrar				

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Aug. 24, 1932</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>Aug. 1, 1932</u> to <u>Aug. 25, 1932</u> I last saw him alive on <u>Aug. 22, 1932</u> Death is said to have occurred on the date stated above, at <u>10:30 P. M.</u> The principal cause of death and related causes of importance were as follows: <u>92A</u> <u>Myocardial Infarction</u> Other contributory causes of importance: <u>None</u> 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? _____ 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? <u>No</u> If so, specify _____ (Signed) <u>A. T. Kirkpatrick</u> M. D. (Address) <u>Galena, Mo</u>

