

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

Do not use this space.

29077

1. PLACE OF DEATH  
 42 County Henry Registration District No. 347  
 4 Township \_\_\_\_\_ Primary Registration District No. 3488  
 7 City Clinton (In \_\_\_\_\_) 3018 St. \_\_\_\_\_ Ward \_\_\_\_\_  
 Registered No. 84 Ward \_\_\_\_\_

2. FULL NAME Jim H. Ash  
 (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF No

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Don't know

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
67      —      —      —

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc. Blacksmith  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 04  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation see life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER  
 13. NAME Don't know  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know 31

MOTHER  
 15. MAIDEN NAME " "  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " "

17. INFORMANT Harve Randolph  
 (ADDRESS) Clinton, Mo

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Englewood DATE 9-15-32

19. UNDERTAKER Fred Wilkinson  
 (ADDRESS) \_\_\_\_\_

20. FILED 9/15 1932 Ed C. Peelor  
 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-14 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1932 to Sept 13 1932  
 I last saw him alive on Sept 13 1932 Death is said to have occurred on the date stated above, at 8 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Diarrhea & Stomach Date of onset \_\_\_\_\_  
Ulcer

Other contributory causes of importance: \_\_\_\_\_

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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) J. R. Hamilton, M. D.  
 (Address) Clinton, Mo

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.

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MOI 26 1932

