

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

Do not use this space.

**30126**

**1. PLACE OF DEATH**

88 County Randolph

Registration District No. 735

Township

Primary Registration District No. 3034

City

No. 400 McKinley

File No.

Registered No. 75

St.

Ward

**2. FULL NAME**

(a) Residence, No. 400 McKinley St.,

(Usual place of abode)

Ward.

(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

Married (write the word)

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

Lula Asbury

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

Aug 15<sup>th</sup> 1869

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, ..... hrs.

or ..... min.

63

0

28

OCCUPATION

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

Retired

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)

Mo 1

FATHER

13. NAME

John T Asbury

14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

Virginia 2

MOTHER

15. MAIDEN NAME

unknown 21

16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

unknown

17. INFORMANT  
(ADDRESS)

Mrs Lula Asbury  
Moberly Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

Moberly Sept 15<sup>th</sup> 1932

19. UNDERTAKER  
(ADDRESS)

Morgan and Son  
Moberly Mo.

20. FILED

9-15-32

Thos S Fleming  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Sept 13<sup>th</sup> 1932

22. I HEREBY CERTIFY, that I attended deceased from  
Sept 1 1932, to Sept 13 1932

I last saw him alive on Sept 12<sup>th</sup> 1932, 19..... Death is said  
to have occurred on the date stated above, at 3:10 P.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Carcinoma of the Prostate

51C  
137 57B

Other contributory causes of importance

Prostatic 1

Name of operation

Prostatectomy

Date of 1932

What test confirmed diagnosis?

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? M

If so, specify

(Signed)

Lo Puskil  
Moberly Mo

M. D.

(Address)

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.

