

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

Do not use this space.

**36527**

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1. PLACE OF DEATH  
County Reuten Registration District No. 609  
Township \_\_\_\_\_ Primary Registration District No. 7563  
City Reeds (No. Reynolds Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_)

2. FULL NAME Amanda Catherine Ashley

(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 nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4 1852

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>80</u>	<u>4</u>	<u>4</u>	

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

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) Eric Co Pennsylvania

13. NAME No Record

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record ?

15. MAIDEN NAME No Record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT (ADDRESS) A C Ashley  
Reeds Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE 8007 County DATE 11/10 32

19. UNDERTAKER (ADDRESS) Bytani  
Reeds Mo

20. FILED 11/15 1932 W. E. Mangos  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from Oct 30 1932 to Nov 9 1932  
I last saw h. or alive on Nov 9 1932 Death is said to have occurred on the date stated above, at 3:05 A.M.  
The principal cause of death and related causes of importance were as follows:  
Cause of death unknown  
There were comas for 8 days  
falling a fall & hip  
fracture - probably a  
fracture of femur  
Other contributory causes of importance:  
Senility

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? No Date of injury Oct 30 1932  
Where did injury occur? In her room at home  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Unknown - fall down  
Nature of injury Possible fracture hip

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) R. C. Garrison, M. D.  
(Address) Reeds 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.

