

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.

WHITE PAPER—PRINTING ON READING MATERIAL IS A PERMANENT RECORD

JAN 23 1935

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

Do not use this space.

39195

1. PLACE OF DEATH

38 County Dentry
1 Township
2 City Albany (No.)

Registration District No. 309
Primary Registration District No. 4185

File No.
Registered No. 5 St. Ward)

2. FULL NAME

Kindree David Asher

(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

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

May 19 - 1880

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or min.

52

6

28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

carpenter 29

(b) General nature of industry, business, or establishment in which employed (or employer)

house builder

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Albany

(STATE OR COUNTRY)

Mo.!

10. NAME OF FATHER

John Asher

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ind. 2

12. MAIDEN NAME OF MOTHER

Mary McQuinn

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.!

14. INFORMANT

(Address)

Mrs. Lhas Wheeler

Albany Mo.

15. FILED

FILED

Aug 3, 1933
H. T. Martin
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 17 1932

17. I HEREBY CERTIFY, That I attended deceased from Dec 10th, 1932, to Dec 17th, 1932 that I last saw him alive on Dec 17th, 1932, and that death occurred, on the date stated above, at 9 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Latent Pneumonia

11/11/108 (duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) Acute Influenza (duration) yrs. mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF ①

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. S. Campbell, M. D.

, 19 (Address) Albany Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Grandview

20. UNDERTAKER

A. J. Bare

Dec 20 1932

ADDRESS

Albany

