

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

Do not use this space.

39479

1. PLACE OF DEATH

46 County Howell

3 Township West Plains, Mo.

4 City Ray C. Asbury

Registration District No. 384

Primary Registration District No. 4227

File No. 107

Registered No. _____

St. _____ Ward) _____

2. FULL NAME

(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 ma 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 7 - 1937

7. AGE YEARS 2 MONTHS 11 DAYS 20 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Howell Co., Mo.

13. NAME Barlon Asbury

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Plains, Mo.

15. MAIDEN NAME Bulah Daniels

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Plains, Mo.

17. INFORMANT (ADDRESS) West Plains, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Howell Co., Mo. DATE 1-7-37

19. UNDERTAKER (ADDRESS) West Plains, Mo.

20. FILED 1-28-1937 F. A. Neerlich Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-27-1937

22. I HEREBY CERTIFY, That I attended deceased from 12/28-1937 to 12/27-1937

I last saw him alive on 12/26-1937 Death is said to have occurred on the date stated above, at 1:30 p.m.

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

107A
Meningitis
Pneumococci
107A

Other contributory causes of importance: ①

Bacterial Pneumonia

Name of operation none Date of _____

What test confirmed diagnosis? Smear 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 _____

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) F. A. Neerlich, M. D.

(Address) West Plains, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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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