

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

Do not use this space.

1. PLACE OF DEATH

46 County Howell Registration District No. 384
3 Township West Plains, Mo. Primary Registration District No. 6535
4 City West Plains, Mo. St. _____ Ward _____

File No. 4 1199
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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 12-1847

7. AGE YEARS 82 MONTHS 3 DAYS 25 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Bolton, England

13. NAME Robt Ashworth

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

15. MAIDEN NAME Harriet Fletcher

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

17. INFORMANT (ADDRESS) Louise Mathews
West Plains, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE McHenry Ch. DATE 1-9-1933

19. UNDERTAKER (ADDRESS) McFarland
West Plains, Mo.

20. FILED 1-9-1933 J. P. Reimich
Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-8-1933

22. I HEREBY CERTIFY, That I attended deceased from _____

June 1931 to Jan 1933

Last saw him alive on Jan 7, 1933 Death is said

to have occurred on the date stated above, at 11:59 a.m.

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

Pneumonia Date of onset 1/1/33

107 A

82 A

Other contributory causes of importance:

Cerebral thrombosis 6/1/30

Name of operation none Date of _____

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? no

If so, specify _____

(Signed) J. P. Reimich, M. D.

(Address) West Plains, 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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 33-1-7 \\
 49-7-12 \\
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 83-8-28
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