

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

Do not use this space.

14329

**1. PLACE OF DEATH**

County St. Francois Registration District No. 772  
Township \_\_\_\_\_ Primary Registration District No. 4463  
City Flat River (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 846

Registered No. 12

**2. FULL NAME**

Horace Asher  
(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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>School Boy</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>School Boy</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 31 - 1916</u>		
7. AGE YEARS <u>16</u>	MONTHS <u>8</u>	DAYS <u>7</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Madison Mo</u>		
13. NAME <u>Lee Asher</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Iron Mo</u>		
15. MAIDEN NAME <u>Lucy Thompson</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT <u>Lee Asher</u> (ADDRESS) <u>Flat River Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Miss Cemetery</u> DATE <u>4-8-33</u>		
19. UNDERTAKER <u>Baldwell Bros</u> (ADDRESS) <u>Flat River Mo</u>		
20. FILED <u>7-10</u> , 19 <u>33</u> <u>E. P. &amp; White</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 7th 1933

22. I HEREBY CERTIFY That I attended deceased from April 7th 1933 to April 7th 1933  
I last saw him alive on April 7th 1933 Death is said to have occurred on the date stated above, at 5 A m.  
The principal cause of death and related causes of importance were as follows:  
Pulmonary Tuberculosis  
23  
Date of onset 2 yrs ago

Other contributory causes of importance:

Name of operation \_\_\_\_\_ 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) E. G. White, M. D.  
(Address) Keokuk 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.

JUN 23 1933

THE UNIVERSITY OF CHICAGO  
DIVISION OF THE PHYSICAL SCIENCES  
DEPARTMENT OF CHEMISTRY

CHICAGO, ILLINOIS

1955

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