

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.

OCT 20 1933

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

Do not use this space.

30075

1. PLACE OF DEATH

52 County Lyon
Township Lyon
City Lyon (No. 443)

Registration District No. 443
Primary Registration District No. 4261

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Mary Elizabeth Ashby 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word) Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 23, 1848
7. AGE YEARS 85 MONTHS 3 DAYS 0 If LESS than 1 day, hrs. or min.

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) Kentucky

13. NAME George King

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) King, Va.

15. MAIDEN NAME Elizabeth King

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

17. INFORMANT Mrs. Geo. Ashby (ADDRESS) Lundland Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE L. O. G. I. DATE Sep 26 33

19. UNDERTAKER (ADDRESS) Geo. B. Beasley

20. FILED Sep 25 33 Geo. B. Beasley Registrar.

(2)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 23, 1933

I HEREBY CERTIFY, That I attended deceased from June 1933 to Sept 23, 1933
I last saw him alive on Sept 23, 1933 Death is said to have occurred on the date stated above, at 72 A.M.
The principal cause of death and related causes of importance were as follows:

Hypostatic Pneumonia
538
1116
Other contributory causes of importance: 53
Pneumonia

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? _____ 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?
If so, specify _____
(Signed) H. A. Schmitt M.D.
(Address) Lundland Mo.

