

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.

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

Do not use this space.

34214

1. PLACE OF DEATH

County St. CharlesRegistration District No. 757Township St. CharlesPrimary Registration District No. 5998City St. Charles(No. County Asylum)

File No. _____

Registered No. 191

St. _____ Ward _____

2. FULL NAME Caroline Ashley

(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

Female

4. COLOR OR RACE

Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFSam Ashley

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

Sept 22, 1850

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1

day, _____ hrs.

or _____ min.

8318

OCCUPATION

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

None

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)Missouri

13. NAME

Don't know14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Don't know

15. MAIDEN NAME

Don't know16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Don't know17. INFORMANT
(ADDRESS)Funeral Dept
County Asylum

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Peter's DATE Oct 31 193319. UNDERTAKER
(ADDRESS)W. H. Lee, Undertaker
800 N. 7th St. St. Charles, Mo.

20. FILED

10/31/33 Caroline H. Hessler
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 30 1933

22. I HEREBY CERTIFY, That I attended deceased from

Sept 1st 1933 to Oct 30 1933I last saw him alive on Oct 27 1933 Death is saidto have occurred on the date stated above, at 5:40 p.m.

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

Arteriosclerosis

Date of onset

Other contributory causes of importance:

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) T. H. Hessler, M. D.(Address) St. Charles, Mo.

NOV 10 1933

