

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.

2177

1. PLACE OF DEATH

County Pike
Township Salt River
City Ashburn (No. Mo)

Registration District No. 682
Primary Registration District No. 57

File No.
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No. Ashburn Mo. 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 Male 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 (deceased)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 3-1858

7. AGE YEARS 75 MONTHS 4 DAYS 10 If LESS than 1 day, hrs. or min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. River Works

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) Rolls Co. Mo.

13. NAME Wm Ayers

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

15. MAIDEN NAME Liza Robinson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rolls Co. Mo

17. INFORMANT (ADDRESS) Adolph Rogers
Ashburn, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashburn Mo DATE Jan 15 1934

19. UNDERTAKER (ADDRESS) J. E. Haley Jr
Louisiana Mo

20. FILED 714 1934 Louis Stephens
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 13 1934

22. I HEREBY CERTIFY That I attended deceased from 1-3-34 19 to 1-13-34 19.

I last saw him alive on 1-6-34 19. Death is said

to have occurred on the date stated above, at 6:00 a.m.

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

Lobar Pneumonia Date of onset

108

95B

Other contributory causes of importance

Organic heart disease

Name of operation None Date of

What test confirmed diagnosis? Clinical 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

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 Charles F. Lemellen, M. D.

(Signed) Louisiana Mo

(Address)

1. The first step in the process is to identify the problem or issue that needs to be addressed. This involves gathering information and understanding the context of the problem.

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