

FEB 27 1934

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

Do not use this space.

2193

1. PLACE OF DEATH

County Platte
Township Carroll
City (No.)

Registration District No. 696
Primary Registration District No. 5924

File No.
Registered No. 7
St. Ward

2. FULL NAME

(a) Residence, No. Nellie Margaret Asher 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas Asher
7. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-1-1888
8. AGE YEARS 45 MONTHS 1 DAYS 28 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) Clay Co. Mo.

13. NAME Levi Perry Murphy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Va.

15. MAIDEN NAME Magilla Flecker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Va.

17. INFORMANT Nellie Lee Bullock (ADDRESS) Platte City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Southworth DATE 1-31 1934

19. UNDERTAKER J. F. Rollins (ADDRESS) Platte City, Mo.

20. FILED 740 1934 May 7 Southworth Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 25 1934, to Jan 28 1934. I last saw him alive on Jan 29 1934. Death is said to have occurred on the date stated above, at 2:30 p.m. The principal cause of death and related causes of importance were as follows:

Pneumonia
bronchial
1077

Other contributory causes of importance 1077

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) M. D. (Address)

