

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

Do not use this space.

APR 25, 1934

9002

1. PLACE OF DEATH
 County Jackson Registration District No. 309
 Township Haw Primary Registration District No. 1003
 City Kansas City (No. General Hospital St. 1199 Ward)

2. FULL NAME Virginia Ash
 (a) Residence, No. 7118 Waldron 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) MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elmer Ash

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 25, 1909

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>24</u>	<u>8</u>	<u>21</u>	

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. 144

10. Date deceased last worked at this occupation (month and year) 139

11. Total time (years) spent in this occupation 139

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

13. NAME Charles Black

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

15. MAIDEN NAME Bertha Miller

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

17. INFORMANT Elmer Ash
(ADDRESS) 7118 Waldron

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Hill Mo DATE 3-17 1934

19. UNDERTAKER W. M. Han
(ADDRESS) Pleasant Hill Mo

20. FILED 3-16 1934 M. M. Crowe
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/15/34

22. I HEREBY CERTIFY, That a dead person named Virginia Ash from Jackson Mo. died on 3/15 1934 at 7118 Waldron Mo. I last saw him live on 3/15 1934 Death is said to have occurred on the date stated above at 7118 Waldron Mo. The principal cause of death and related causes of importance were as follows:
Myocardial infarction
Pulmic apneas
Generalized peritonitis
 Other contributory causes of importance:
Self poisoning
140
City
 Name of operation City Date of operation 140
 What test confirmed diagnosis? City Was there an autopsy? 140

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? City Date of injury 140, 1934
 Where did injury occur? City (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury City
 Nature of injury City

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify City
 (Signed) City M.-D.
 (Address) City

MAY 0 1941

DEC 10 1948