

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

Do not use this space.

9632

1. PLACE OF DEATH

County Madison

Registration District No. 237

Township

Primary Registration District No. 4318

City Lafayette (No.)

St. Ward

2. FULL NAME

(a) Residence, No. 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W

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

Married

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

Sarah Ashlock

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

Oct 10 - 1849

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. min.

84

4

21

OCCUPATION

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

Retired Farmer

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)

Ill

FATHER

13. NAME

Jessie Ashlock

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

Penn

MOTHER

15. MAIDEN NAME

Sarah Gattlin

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

Penn

17. INFORMANT (ADDRESS)

William G. Ashlock
East Madison Ave

18. BURIAL, CREMATION, OR REMOVAL

PLACE Lafayette

DATE Mar 5

1934

19. UNDERTAKER (ADDRESS)

D. S. Christie
Lafayette Mo.

20. FILED

3/2

1934 Mr O. B. Griffin

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 1 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 3, 1934 to Mar. 1, 1934

I last saw him alive on Mar. 1, 1934. Death is said to have occurred on the date stated above, at 11:30 a.m.

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

Broncho-Pneumonia

Date of onset

131

107A

Other contributory causes of importance

Chronic Interstitial Nephritis

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) C. H. Buckley M. D.

(Address) Lafayette Mo.

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.

APR 25 1934

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