

JUN 20 1934

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

Do not use this space.

1. PLACE OF DEATH

County DERRY
Township MONETT
City MONETT (No.)

Registration District No. 30
Primary Registration District No. 3003

File No. 15659
Registered No. 31
St. Ward)

2. FULL NAME

ELEN EUGENE ASH

(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 <u>M</u> | 4. COLOR OR RACE <u>W</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>SINGLE</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>APRIL 8, 1919</u> | | |
| 7. AGE | YEARS | MONTHS |
| | <u>15</u> | <u>23</u> |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>IN SCHOOL</u> | | |
| 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) <u>Purdy Mo</u> | | |
| 13. NAME <u>LOYD ASH</u> | | |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u> | | |
| 15. MAIDEN NAME <u>CHLOE LONG</u> | | |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u> | | |
| 17. INFORMANT <u>CHAS. LONG</u> (ADDRESS) <u>MT. VERNON, Mo</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Purdy Mo</u> DATE <u>MAY 4 1934</u> | | |
| 19. UNDERTAKER <u>BLANKENSHIP</u> (ADDRESS) <u>Purdy Mo</u> | | |
| 20. FILED <u>5-3</u> 1934 <u>W. H. West</u> Registrar. | | |

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Apr 26 1934 to May 1 1934
I last saw him alive on Apr May 1 1934 Death is said to have occurred on the date stated above, at 7 P.m.
The principal cause of death and related causes of importance were as follows:
Idiopathic Peripneumonia
(arthritic type)
Date of onset Apr 26

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 Ernest Mitchell M. D.
(Signed) Monett Mo.
(Address)

