

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 BARRY
Township Monett
City MONETT (No. 3003)

Registration District No. 30
Primary Registration District No. 3003

File No. 15660
Registered No. 82 St. Ward

2. FULL NAME

(a) Residence, No.
(Usual place of abode)

St. Ward

(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. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>CHLOE ASH</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 29, 1891</u>		
7. AGE <u>43</u>	YEARS <u>2</u>	MONTHS <u>5</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>FILLING</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>STATION OPERATOR</u>
10. Date deceased last worked at this occupation (month and year) <u> </u>		11. Total time (years) spent in this occupation <u> </u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>BARRY, CO. MISSOURI</u>
13. NAME <u>ABERHAM ASH</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>
15. MAIDEN NAME <u>ELIZABETH BECKNEL</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>
17. INFORMANT (ADDRESS) <u>Jr. Asst. Monett Mo.</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Purdy Mo</u> DATE <u>MAY 4, 1934</u>
19. UNDERTAKER (ADDRESS) <u>BLANKENSHIP Purdy Mo.</u>
20. FILED <u>5-3-1934</u> <u>W. M. West</u> Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY 3, 1934
22. I HEREBY CERTIFY, That I attended deceased from May 1, 1934 to May 3, 1934
I last saw him alive on May 3, 1934 Death is said to have occurred on the date stated above, at 5:00 A.M.
The principal cause of death and related causes of importance were as follows:

General Peritonitis
11774 11772
Other contributory causes of importance: Ruptured peptic ulcer 56642
Date of onset May 1, 1934

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

