

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.

JUL 19 1934

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

Do not use this space.

Roseberry  
21.30/7  
60

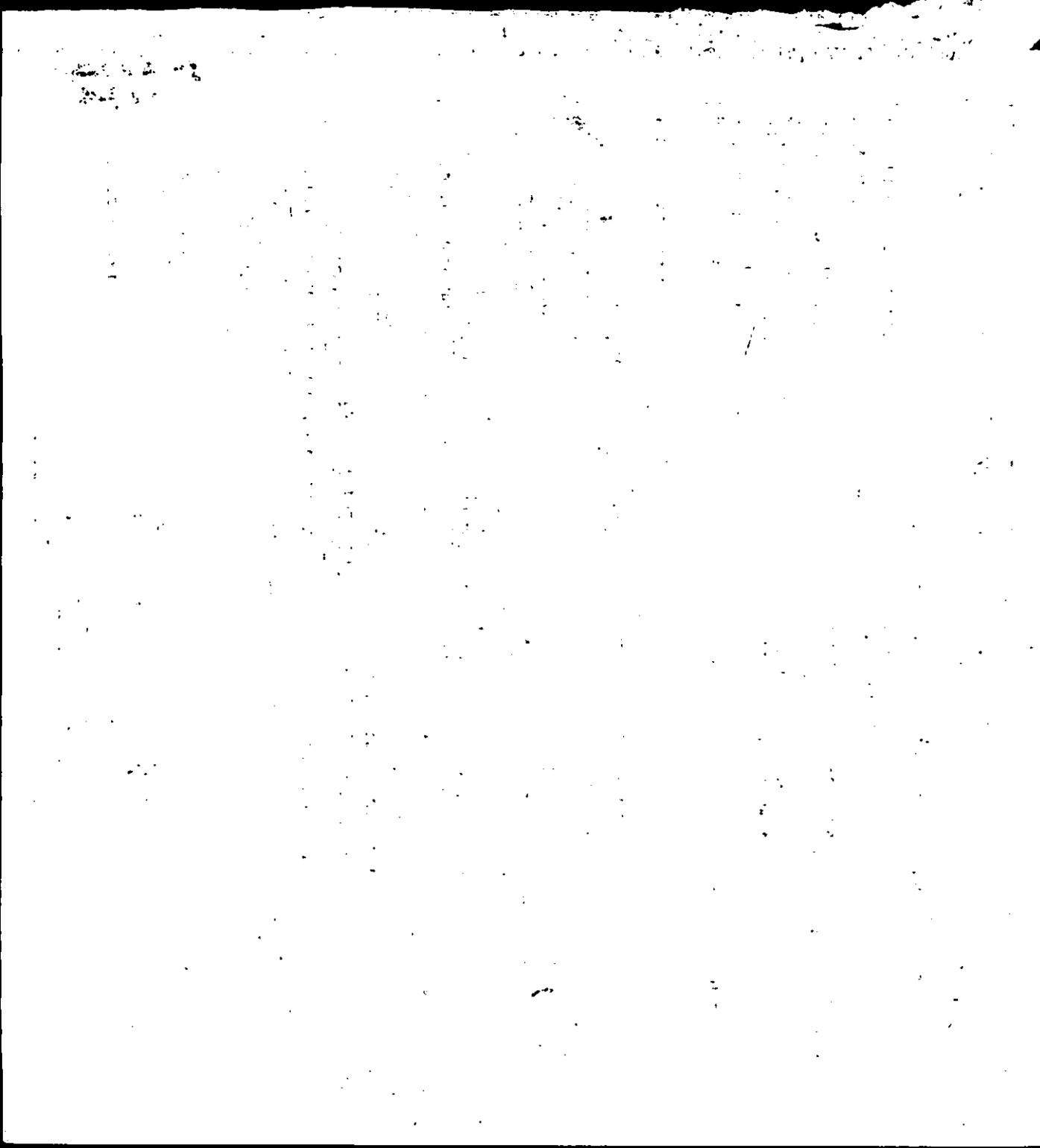
1. PLACE OF DEATH  
 County Newton Registration District No. 609  
 Township Neosho Primary Registration District No. 4363  
 City Neosho (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME James Lee Asher  
 (a) Residence, No. 433 W Adams St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of 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. SEX Male 4. COLOR OF RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 22 1930  
 7. AGE YEARS 4 MONTHS 1 DAYS 29 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant  
 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) Neosho (STATE OR COUNTRY) Missouri  
 FATHER 13. NAME Clement F. Asher  
 14. BIRTHPLACE (CITY OR TOWN) Salem (STATE OR COUNTRY) \_\_\_\_\_  
 MOTHER 15. MAIDEN NAME Kathleen Thomas  
 16. BIRTHPLACE (CITY OR TOWN) Grady (STATE OR COUNTRY) Mo.  
 17. INFORMANT Clement Asher (ADDRESS) Neosho Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Grady Mo. DATE 6-23 1934  
 19. UNDERTAKER Chas. Thompson (ADDRESS) Neosho Mo.  
 20. FILED 6-25 1934 Dr. E.M. Roseberry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-21 1934  
 22. I HEREBY CERTIFY, That I attended deceased from June 9 1934 to June 21 1934  
 I last saw him alive on June 21 1934 Death is said to have occurred on the date stated above, at 10:15 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Septic infection from an injury to the right foot  
1934  
 Date of onset June 19 1934  
 Other contributory causes of importance:  
30 194 W  
 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) Dr. Roseberry, M. D.  
 (Address) \_\_\_\_\_



WASHINGTON

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: James Lee Ashby  
Who died at \_\_\_\_\_ on June 21 - 1934  
Residence: No. \_\_\_\_\_ St. \_\_\_\_\_  
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
Sex m Color or race w Single, married, widowed or divorced: \_\_\_\_\_

Date of birth \_\_\_\_\_ Age: Years 4 Months 1 Days 29

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. 52

Date deceased last worked at this occupation: Month 1944 Year 1944

Birthplace (State or country) \_\_\_\_\_  
Birthplace of father (State or country) \_\_\_\_\_  
Birthplace of mother (State or country) \_\_\_\_\_

Principal cause of death: Sepsis infection from injury to left foot injury received while wading in a drainage branch near his home.

Other contributory causes of importance \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Clinical only Was there an autopsy? no

If death was due to external causes (violence) fill in also the following:  
Accident, suicide, or homicide? Accident Date of injury June 16, 1934

Where did injury occur? Neosho, Missouri  
(Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.  
near home - Public place

Manner of injury \_\_\_\_\_

Nature of injury Small cut from some sharp object

Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

Name of physician Dr. E. M. Roseberry

Address of physician Neosho, Missouri

Signature of Registrar E. M. Roseberry MD

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.  
Very truly yours,  
E. J. McLaughlin  
Special Agent.  
Reg. Dist. No. 609  
Primary Reg. Dist. No. 4363  
e.c.

S-21309