

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

26
3
AUG 10 1934

Dr. Gillham

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

Do not use this space.

23821

1. PLACE OF DEATH

County..... Cole Registration District No. 273
 Township..... Primary Registration District No. 3014
 City..... Jefferson (No., St. Ward)

File No. 202
 Registered No. 272

2. FULL NAME

Mrs. Louisa Caroline Asel

(a) Residence, No. 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 <u>Female</u> | 4. COLOR OR RACE <u>white</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>G.G. Asel</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June-30-1866</u> | | |
| 7. AGE | YEARS | MONTHS |
| | <u>68</u> | |
| | | DAYS |
| | | <u>18</u> |
| | | If LESS than 1 day, hrs. or min. |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u> | | |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>"</u> | | |
| 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>Fort Wayne, Indiana</u> | | |

| | |
|--------|---|
| MOTHER | 13. NAME <u>John Kruse</u> |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u> |
| FATHER | 15. MAIDEN NAME <u>Amalia Branning</u> |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u> |

17. INFORMANT G.G. Asel
 (ADDRESS) Jefferson City, Missouri

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Weyl's Cem DATE July-31-34

19. UNDERTAKER Thos. G. ...
 (ADDRESS) Jefferson City, Mo

20. FILED 7/30/34 1934 Dr. Beasford
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-18-34

22. I HEREBY CERTIFY, That I attended deceased from 7-18-34, 1934, to 7-18-34, 1934.
 I last saw him alive on 7-18-34, 1934. Death is said to have occurred on the date stated above, at 10:00 a.m.

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

Heat stroke
191
MI
 Other contributory causes of importance None

Date of onset 7-18-34
305

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? No.
 If so, specify

(Signed) Dr. Gillham, M. D.
 (Address) Jefferson City Mo.

