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

Do not use this space.

33013

OCT 17 1934

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No.

Township — Primary Registration District No. 1002 — Registered No. 2

City Kansas City (No. 1023 W 29 Th St. 1002 Ward)

2. FULL NAME Floyd V Ashby

(a) Residence, No. 1023 W 29 St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 7 - 1886

7. AGE: YEARS 48 — MONTHS 0 — DAYS 16 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Paper Hanger
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): Mo

FATHER

13. NAME: William T. Ashby
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

MOTHER

15. MAIDEN NAME: Elizabeth Humphries
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

17. INFORMANT (ADDRESS): Lillian Tomlin, 921 Admiral Blvd.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Woodlawn Cem DATE: 9-26 1934

19. UNDERTAKER (ADDRESS): Eads Bros, 1416 Main Ave.

20. FILED: 9-26 1934 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 23, 1934

22. I HEREBY CERTIFY that I attended deceased from Sept 23, 1934, to ....., 19....

I last saw him alive on ....., 19.... Death is said to have occurred on the date stated above, at 8:30 p.m.

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

Contused wounds of head and neck
Concussion of the brain

Date of onset

Other contributory causes of importance:

195 no 195

Name of operation: Autopsy — Date of ....

What test confirmed diagnosis? ....

Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury: 9/22/34

Where did injury occur? Phone not known (Specify city or town, county, and State)

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

Manner of injury: Blows on the head

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature], M. D.

(Address) [illegible]

N. B.—Every item of information should be carefully supplied. Age should be stated. Exact statement of OCCUPATION is very important.
CAUSE OF DEATH in plain terms, so that it may be properly classified.

WRITE PLAINLY, WITH UNFAILING INK—THIS IS