

DEC 12 1934

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

Do not use this space.

38615

## 1. PLACE OF DEATH

County Buchanan,Registration District No. 85

Township \_\_\_\_\_

Primary Registration District No. 1001City St. Joseph.(No. Pierce Hospital and Sanitarium St. Ward)

File No. \_\_\_\_\_

Registered No. 12922. FULL NAME Eugene Collier Assel,(a) Residence, No. \_\_\_\_\_ St. Ward. Weatherby, Mo.  
(Usual place of abode) (If nonresident, give city or town and State)Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</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>January 8, 1933</u>		
7. AGE	YEARS	MONTHS
	<u>1.</u>	<u>10</u>
		<u>15</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Child,</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>Amity, Missouri,</u>		
13. NAME <u>Herbert M. Assel,</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Weatherby, Missouri,</u>		
15. MAIDEN NAME <u>Ida Collier,</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>McFall, Missouri,</u>		
17. INFORMANT <u>Herbert M. Assel</u> (ADDRESS) <u>Weatherby, Missouri,</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Weatherby, Mo.</u> DATE <u>Nov. 25th, 1934</u>		
19. UNDERTAKER <u>Heaton-Bridgale &amp; Bauman</u> (ADDRESS) <u>518 So. 12th St. Springfield, Mo.</u>		
20. FILED <u>11-24-1934</u> <u>John R. Bender</u> Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 23rd, 193422. I HEREBY CERTIFY, That I attended deceased from Nov. 23, 1934, to Nov. 23, 1934.I last saw him alive on Nov. 23, 1934. Death is said to have occurred on the date stated above, at 10:45 pm.

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

Illness (Inscription) Date of onset \_\_\_\_\_122B123B

Other contributory causes of importance \_\_\_\_\_

Name of operation resection Date of Nov. 23, 1934What test confirmed diagnosis? clinical Was there an autopsy? No

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

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1934

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) D. H. Weed M. D.(Address) 418 W. 1st St. St. Joseph, Mo.

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.

WHITE COPY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

