JAN 2 1935

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

Do not use this space.

File No. 45459

Registered No.

1. PLACE OF DEATH
County Schuyler
Township ~~[illegible]~~
City Downing (No. .... St. .... Ward)

Registration District No. 802
Primary Registration District No. 4451

2. FULL NAME Myra M. Ashley

(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widow

5a. ~~If Married, Widowed or~~ Divorced ~~HUSBAND of~~ (or) WIFE of Virgil Ashley

6. DATE OF BIRTH (month, day and year) Nov 5-1877

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ......min.
57	1	13	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housekeeping
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) Scotland
(State or country) Co. Mo

PARENTS

10. NAME OF FATHER J. S. Allen
11. BIRTHPLACE OF FATHER (city or town) Scotland
(State or country) Co. Mo
12. MAIDEN NAME OF MOTHER Sarah Epperson
13. BIRTHPLACE OF MOTHER (city or town) Pike
(State or country) Co. Mo

14. INFORMANT W. H. Allen
(Address) Downing Mo

15. FILED 12-19-1934 J B [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day and year) Dec 18 1934

17. I HEREBY CERTIFY, That I attended deceased from December 18, 1934 to Dec 18, 1934 that I last saw h er alive on Dec 18 1934 and that death occurred, on the date stated above, at 10 10 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of Spleen
53b
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 40
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? ✓
DID AN OPERATION PRECEDE DEATH? ✓ DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) F. U. DeVinney M.D.
12/19, 1934 (Address) Downing, Mo

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: McGrady Cemetary
DATE OF BURIAL: Dec 20 1934

20. UNDERTAKER: Geo H Baskett
ADDRESS: Memphis

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.