

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.

La Hare

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

Do not use this space.

1. PLACE OF DEATH MAR 20 1935

County Bates

Registration District No. 50

Township

Primary Registration District No. 3004

City Butler

(No.

St.

Ward)

2. FULL NAME Lydia Leigh Asbury

(a) Residence, No. Nine Street St. Ward

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)

married

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

J. W. Asbury

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Feb. 18-1862

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or min.

73

0

6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

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)

Springdale Ohio

13. NAME

Samuel Fleming

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Ohio

15. MAIDEN NAME

Eleanor Spivey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Hamilton Ohio

17. INFORMANT (ADDRESS)

Mrs Anna Medlock

18. BURIAL, CREMATION, OR REMOVAL

PLACE Oak Hill

DATE Feb 16 1935

19. UNDERTAKER (ADDRESS)

Booth and Baughman

20. FILED

Feb 16

1935

Butler

Mo

Registrar

Mo

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Feb 14 1935

22. I HEREBY CERTIFY That I attended deceased from

Jan 20th 1935 to Feb 14th 1935

I last saw her alive on Feb 14th 1935

Death is said

to have occurred on the date stated above, at 6:30 p.m.

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

Chronic interstitial

nephritis

Other contributory causes of importance:

131

Name of operation

Open Lap

What test confirmed diagnosis

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

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) L. D. Lytle

(Address) Butler Mo

M. D.

