

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.

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

Do not use this space.

APR 1 2 1935

8041

1. PLACE OF DEATHCounty BatesRegistration District No. 50Township ButlerPrimary Registration District No. 3004City Butler(No.)St. Ward **2. FULL NAME** Arthur Ashe(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**male**4. COLOR OR RACE**white**5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)**widowed**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF****6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** Nov 4 1867**7. AGE**

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

67423**OCCUPATION****8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.**Farmer**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)** Don't know**FATHER****13. NAME** Don't know**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Don't know**MOTHER****15. MAIDEN NAME** Don't know**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Don't know**17. INFORMANT** Earl Hite(ADDRESS) Butler mo**18. BURIAL, CREMATION, OR REMOVAL**PLACE Wake PlaceDATE March 30 1935**19. UNDERTAKER** Coleman(ADDRESS) Butler mo**20. FILED** March 29 1935Miss L. Coleman

Registrar.

MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** March 27 1935**22. I HEREBY CERTIFY, That I attended deceased from**

, 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 9 P. m.

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

Date of onset

myocarditis

Other contributory causes of importance:

9301

Name of operation..... Date of.....

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....., 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) R. C. Crabtree, M. D.(Address) Coroner Butler Co. MoButler mo

