

JUL 17 1935

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

Do not use this space.

22080

1. PLACE OF DEATH

County Bates
Township East Boone
City New Adams (No.)

Registration District No. 47
Primary Registration District No. 5081

File No.
Registered No. 10
St. Ward

2. FULL NAME

(a) Residence, No. St. Ward
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Leaves Ashbaugh
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 24-1893
7. AGE YEARS 35 MONTHS 4 DAYS 2 If LESS than 1 day, hrs. or min.

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) Leass Lea Mo. (STATE OR COUNTRY)

13. NAME Jake Walbourn

14. BIRTHPLACE (CITY OR TOWN) Not known (STATE OR COUNTRY)

15. MAIDEN NAME Elizabeth Lambert

16. BIRTHPLACE (CITY OR TOWN) Not known (STATE OR COUNTRY)

17. INFORMANT R C Ashbaugh (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Cremat Hill DATE July 4 1935

19. UNDERTAKER Leath & Siff (ADDRESS) Adrian Mo.

20. FILED July 10, 1935 Minnie R. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 16 1934, to July 3 1935

I last saw him alive on July 3 1935 Death is said to have occurred on the date stated above, at 8:20 P.M.

The principal cause of death and related causes of importance were as follows: Chronic Pulmonary Emphysema Date of onset

Other contributory causes of importance: Unknown

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

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) E. E. Robinson M. D. (Address) Adrian Mo.

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY
WASHINGTON, D. C.

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