

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.

SEP 13 1935

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

Do not use this space.

25428

1. PLACE OF DEATH

County Wayne
Township Mill Spring
City (No.) St. Ward

Registration District No. 895
Primary Registration District No. 6197

File No.
Registered No. 8
St. Ward

2. FULL NAME

Char. Junior Asberry

(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 M- 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 25 - 1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or min.
7 6

OCCUPATION

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

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) Mill Spring Mo. (STATE OR COUNTRY)

13. NAME Claud Asberry

14. BIRTHPLACE (CITY OR TOWN) Mill Spring Mo. (STATE OR COUNTRY)

15. MAIDEN NAME Anna Laxton

16. BIRTHPLACE (CITY OR TOWN) Mill Spring Mo. (STATE OR COUNTRY)

17. INFORMANT Anna Asberry (ADDRESS) Mill Spring Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mill Spring DATE July 2 1935

19. UNDERTAKER none (ADDRESS)

20. FILED Sept 10 1935 Ing. Owens Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1 1935 to July 1 1935

I last saw him alive on June 28 1935. Death is said to have occurred on the date stated above, at 6 a. m.

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

Colitis and Malnutrition

Date of onset

Other contributory causes of importance:

Name of operation 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?

If so, specify

(Signed) E. W. Jones, M. D.

(Address) Piedmont Mo.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY

1. PLACE OF DEATH

County WayneRegistration District No. 895

File No. _____

Township _____

Primary Registration District No. 6197

Registered No. _____

City _____

(No. _____)

St. _____ Ward _____

2. FULL NAME Bhasgumier Asberry

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX M4. COLOR OR RACE W5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word) S21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1 - 19355A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

I HEREBY CERTIFY, That I attended deceased from

, 19____, to____, 19____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 30 1930

I last saw h. _____ alive on____, 19____. Death is said

to have occurred on the date stated above, at____m.

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

Date of onset

7. AGE

YEARS

MONTHS

DAYS

LESS than 1

day, _____hrs.

or _____min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as planter,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as mill, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation

Other contributory causes of importance:

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

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

13. NAME

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

15. MAIDEN NAME

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

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.

17. INFORMANT
(ADDRESS)

Manner of injury _____

18. BURIAL, CREMATION, OR REMOVAL

Nature of injury _____

PLACE

DATE

19____

19. UNDERTAKER
(ADDRESS)

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify

(Signed) B. H. Jones, M. D.(Address) Bedmont Mo20. FILED Sept 10 1935 Inez Owens Registrar

OCT 9 1964

S-25428