

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

OCT 17 1935

25511

1. PLACE OF DEATH

County BerryRegistration District No. 99File No. 44Township First CreekPrimary Registration District No. 5038

Registered No.

City (No.)

St. Ward)

2. FULL NAME

(a) Residence, No. Martha E. Ash Cassville Mo. St. Ward.
(Usual place of abode)Length of residence in city or town where death occurred 68 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) Married5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF John Ash6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 28, 18667. AGE YEARS MONTHS Days If LESS than 1 day, hrs. or min.
69 11 248. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
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 occupation12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo13. NAME Unknown14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT (ADDRESS) John Ash Cassville Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Home DATE Aug 28, 193519. UNDERTAKER (ADDRESS) Home Cassville Mo.20. FILED 10-10 1935 Geo W. Newman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 24, 193522. I HEREBY CERTIFY, That I attended deceased from Feb. 14, 1933 to Aug. 24, 1935I last saw him alive on Aug. 24, 1935 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:

Coronary atherosclerosis

Chronic edema

Essential Hypertension

Other contributory causes of importance:

Chronic edema

Essential Hypertension

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) Geo W. Newman Registrar.(Address) Cassville, Mo.

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.

