MAR 18 1936

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

Do not use this space.

5383

File No.

Registered No. 21

1. PLACE OF DEATH

County Franklin — Registration District No. 297

Township St Johns — Primary Registration District No. 5414

~~City~~ Krakow, Mo R.F.D. (No. , St. Ward)

2. FULL NAME Dr Ameil J Ashley

(a) Residence, No. (Usual place of abode) Krakow, Mo R.F.D. St., Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec, 18th 1858

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
77	2	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician (M.D)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. x

10. Date deceased last worked at this occupation (month and year) Jan 1921

11. Total time (years) spent in this occupation 32

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Granby, N.Y. New York

FATHER

13. NAME Oliver Ashley

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

MOTHER

15. MAIDEN NAME Elen Delack

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

17. INFORMANT (ADDRESS) Mrs AnnieAshley Krakow, Mo. R.F.D.

18. BURIAL, CREMATION, OR REMOVAL

PLACE St Ann Church Cemetery Cloverbottom Mo. DATE March 2nd 1936

19. UNDERTAKER (ADDRESS) Nieburg & Vitt Inc, Washington, Mo.

20. FILED Feb. 29 1936 H. A. May Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 27 1936

22. I HEREBY CERTIFY, That I attended deceased from December 1936, to February 1936

I last saw him alive on Feb. 27, 1936 Death is said to have occurred on the date stated above, at 8 P m.

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

	Date of onset
Bronchial pneumonia	
8 2a	

Other contributory causes of importance:

Paralyzed-due to Apoplexy for the past eight years.

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) [signature], M. D.

(Address) Washington, 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.