

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

Do not use this space.

APR 22 1936

5422

1. PLACE OF DEATH

County Gentry
Township Millard
City Gentryville (No. _____)

Registration District No. 810
Primary Registration District No. 5482

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME Lousetta Ashlock

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>George W. Ashlock</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 1, 1843</u>		
7. AGE YEARS <u>93</u>	MONTHS <u>4</u>	DAYS <u>28</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>		
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) Calhoun Co. Ill.
(STATE OR COUNTRY)

13. NAME John Seward

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

15. MAIDEN NAME Elizabeth -----

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

17. INFORMANT Adeline Long
(ADDRESS) Gentryville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Gentryville DATE Feb. 29 1936

19. UNDERTAKER Clifford Brooks
(ADDRESS) Albany, Mo.

20. FILED 4-7 1936 W. A. Quincy
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 28 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 26, 1936 to _____, 1936

I last saw her alive on Feb. 26, 1936. Death is said to have occurred on the date stated above, at 3:10 P. M.
The principal cause of death and related causes of importance were as follows:

"Chronic Myocarditis"
78 P.
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 _____, 1936
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) C. J. Pray A. D. _____
(Address) Albany, Mo.

APR 8 1950