WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

APR 25 1936

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

Do not use this space.

[illegible]647

1. PLACE OF DEATH
County Moniteau
Township Walker
City California (No. ASAHL St. Ward)
Registration District No. 571
Primary Registration District No. 4335
File No.
Registered No. 16

2. FULL NAME John Wm Ashel

(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 Male
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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 15" 1860

7. AGE YEARS 76 MONTHS 2 DAYS 4 If LESS than 1 day, ...hrs. or ....min.

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) (STATE OR COUNTRY) Henry Co. Mo

FATHER
13. NAME Wm Ashel
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Don't Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) "Billie" Ashel California Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Evangelical Cem DATE 3/22 1936

19. UNDERTAKER (ADDRESS) Williams & Friedmeyer California Mo

20. FILED 3-20 1936 H. R. Popejoy Registrar.

MEDICAL CERTIFICATE OF DEATH.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1936, to March 19, 1936
I last saw him alive on March 19, 1936. Death is said to have occurred on the date stated above, at 6.45 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	3/11/36
94	
Other contributory causes of importance:	
Arteriosclerosis	8/24/34

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) J. R. Burke Jr., M. D.
(Address) California Mo