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.

MAY 19 1936

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

Do not use this space.

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 15189
Township Kaw — Primary Registration District No. 1002 — Registered No. 1901
City K. C. Mo. (No. 404, W. 39th Terrace St. ..... Ward)

2. FULL NAME Mrs. Mildred I. Asmus
(a) Residence, No. 404 W. 39th Terr. St., ... Ward. ..... (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 15-1886

7. AGE: YEARS 49 — MONTHS 5 — DAYS 24 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
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): Dawson Minn.

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): —

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): —

17. INFORMANT (ADDRESS): Hugo C. Asmus 404 W. 39th Terrace

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE April 11, 1936

19. UNDERTAKER (ADDRESS): Wagner Funeral Home 204 N. Linwood

20. FILED 4-10, 1936 M. M. Crowe, asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 13, 1933, to April 9, 1936
I last saw her alive on April 9, 1936. Death is said to have occurred on the date stated above, at 10.10 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	Not known
[illegible]	

Other contributory causes of importance: None

Name of operation ..... Date of .....
What test confirmed diagnosis? Usual Was there an autopsy? no

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? No
If so, specify .....
(Signed) Ward H. Leonard, M. D.
(Address) 323 E. Summit