

JUL 25 1938

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

Do not use this space. 7

23974

1. PLACE OF DEATH

County Reynolds  
Township Logan  
City (No. ....) St. .... Ward .....

Registration District No. 748  
Primary Registration District No. 5982

File No. ....  
Registered No. ....

2. FULL NAME

Margaret Asberry

(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

MEDICAL CERTIFICATE OF DEATH

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm Asberry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 18 / 1847

7. AGE YEARS MONTHS DAYS H LESS than 1 day, hrs. or min. 88 7 9

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) Ny

13. NAME Henry Heathley

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

15. MAIDEN NAME Marie Louise Trost

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

17. INFORMANT (ADDRESS) H. S. Heathley Allington

18. BURIAL, CREMATION, OR REMOVAL PLACE Allington DATE June 28, 1938

19. UNDERTAKER (ADDRESS) June 27, 1938 Essie Evans

20. FILED June 27, 1938 Essie Evans Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27, 1938

22. I HEREBY CERTIFY That I attended deceased from ..... 19....., to....., 19.....  
I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 9:35 AM

The principal cause of death and related causes of importance were as follows:  
Infirmities of old age.

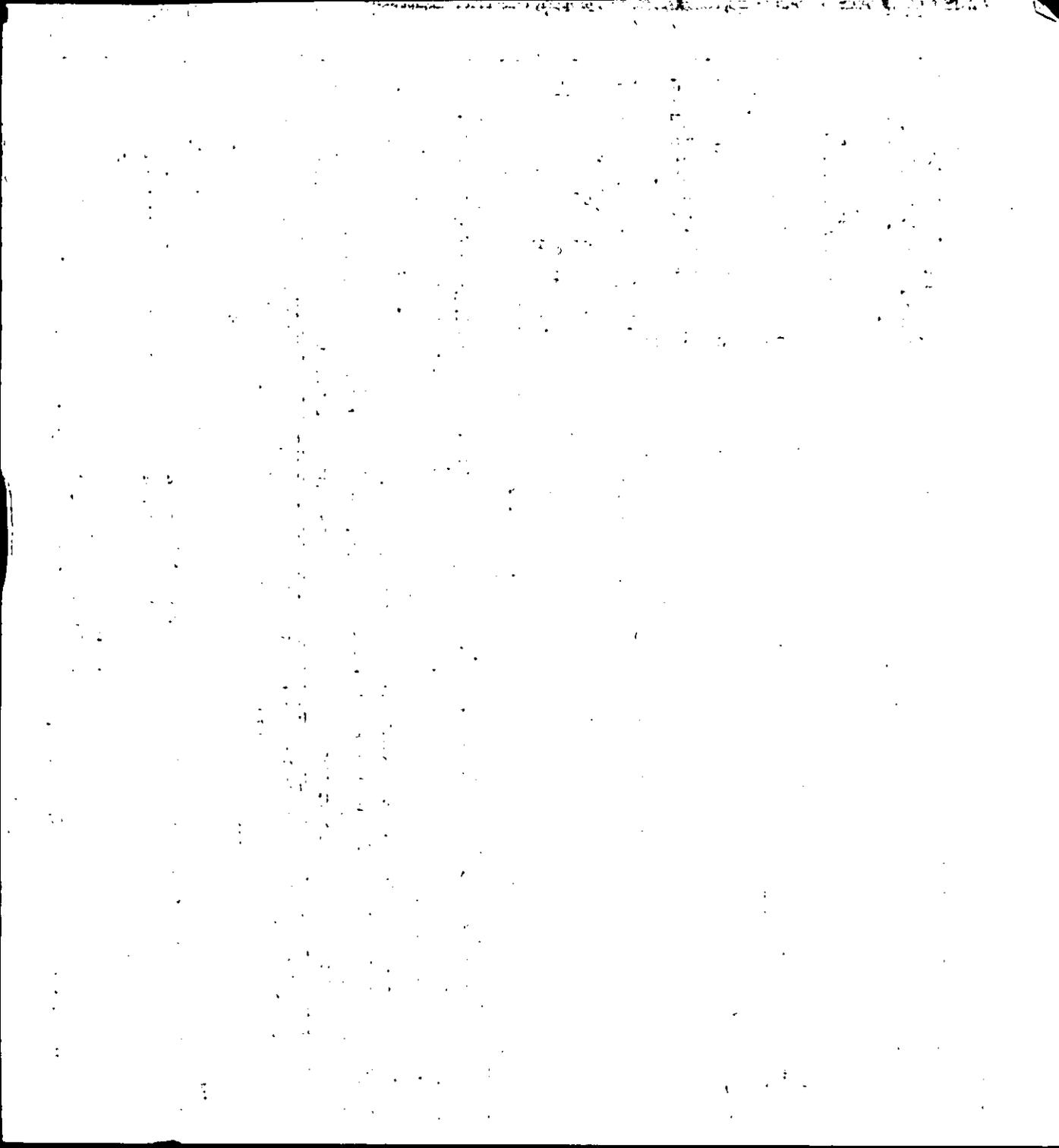
No M.D. attended her for some time

Other contributory causes of importance: 1 2

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)....., M. D.  
(Address).....

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.



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

Do not use this space. **7**

**1. PLACE OF DEATH**

County Reynolds Registration District No. 748 File No. \_\_\_\_\_  
 Township Logan Primary Registration District No. 5982 Registered No. \_\_\_\_\_  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Margaret Asberry  
 (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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX 7 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED W  
(write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-27-1936

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

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.  
 I \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>88</u>	<u>7</u>	<u>9</u>	

Infirmities of old age (Date of onset \_\_\_\_\_)

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 \_\_\_\_\_

No m. H. attended her for some time.

Other contributory causes of importance:  
Cause unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

13. NAME  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

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.

MOTHER FATHER  
 15. MAIDEN NAME  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

17. INFORMANT (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE \_\_\_\_\_ DATE \_\_\_\_\_ 19\_\_\_\_

(Signed) Essie Evans G. B. M. D.  
 (Address) Ellington, Mo.

19. UNDERTAKER (ADDRESS)

20. FILED 8/13 1936 Essie Evans Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Enter statement of cause of death in plain terms, so that it may be properly classified.

SPECIAL

S-23974