

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.

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

Do not use this space.

AUG 24 1936

26592

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Howe Primary Registration District No. 1002
 City H. C. (No. 6012 Park) St. Park Ward

File No.
 Registered No. 3262

2. FULL NAME

William H. Ashley
 (a) Residence, No. 6012 Park 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 Ma 4. COLOR OR RACE wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 17, 1876

7. AGE YEARS 60 MONTHS 5 DAYS 26 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor

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) Kentucky

13. NAME B. L. Ashley

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

15. MAIDEN NAME Mary Carson

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

17. INFORMANT (ADDRESS) Ray Ashley
6012 Park

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenland DATE 7-16-36

19. UNDERTAKER H. Tigerman & Sons
H. C. 220

20. FILED July 14, 1936 M. M. Crowe
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13, 1936

22. I HEREBY CERTIFY That I attended deceased from Madison, 1936 to July 13, 1936

I last saw him alive on July 13, 1936. Death is said to have occurred on the date stated above, at 10:45 p.m.

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

Carcinoma Stomach
& Metastasis to liver
It kidney & to adrenal

Date of onset 7

Other contributory causes of importance: Hemorrhage

Name of operation none Date of
 What test confirmed diagnosis? Pathol Was there an autopsy? yes

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) Giant Blatz, M. D.
 (Address) 924 Prof Bldg.

