

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

Do not use this space.

AUG 21 1936

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1. PLACE OF DEATH

County Lewis

Registration District No. 481

Township Lewistown

Primary Registration District No. 4290

City Lewistown

(No. St. Ward)

File No.

Registered No. 10

2. FULL NAME Sarah A. Asking

(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 50 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 1, 1846

7. AGE YEARS 89 MONTHS 7 DAYS 13 If LESS than 1 day, hrs. or min.

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

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) Lewis Co., Mo. (STATE OR COUNTRY)

13. NAME William Wallace

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

15. MAIDEN NAME Mary Turner

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

17. INFORMANT John Daggs (ADDRESS) Ewing, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Lewistown, Mo. DATE July 16, 1936

19. UNDERTAKER James A. Coder (ADDRESS) Lewistown, Missouri

20. FILED 7/14/36 James A. Coder Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14, 1936

22. I HEREBY CERTIFY, that I attended deceased from July 14, 1936 to July 14, 1936. I last saw her alive on July 14, 1936. Death is said to have occurred on the date stated above, at 5 p.m. The principal cause of death and related causes of importance were as follows:

Heart Prostration

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 , 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) Harry L. G. Crockett (Address) Lewistown, Mo.

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.

