OCT 3 1936

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

Do not use this space.

33342

1. PLACE OF DEATH
County Scotland
Township Mt Pleasant
City ..... (No. ..... St. ..... Ward)

Registration District No. 908
Primary Registration District No. 6058

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

2. FULL NAME Cora E. Ashworth

(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: 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: Alex Ashworth

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): sept 8 1891

7. AGE: Years 41 | Months 11 | Days 7 | 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): scotland Co. Mo

FATHER
13. NAME: Thos Robinson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): scotland co mo

MOTHER
15. MAIDEN NAME: Madeline Marlow
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): scotland Co mo

17. INFORMANT (ADDRESS): Elic Ashworth Willamsthville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Downing DATE Aug 16 19

19. UNDERTAKER (ADDRESS): Gertha Baskett - Memphis Mo.

20. FILED Sep 1 1936 Mattie Lancaster Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 15 1936

22. I HEREBY CERTIFY, That I attended deceased from July 20th 1936, to July 25 1936
I last saw her alive on July 25th 1936 Death is said to have occurred on the date stated above, at 7:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Liver	
44	

Other contributory causes of importance:

None

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) C. E. Garrison, M. D.
(Address) Memphis, 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.