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.

OCT 1 1936

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

1. Do not use this space.

33372

1. PLACE OF DEATH
County Shelby — Registration District No. 827 — File No.
Township Clay — Primary Registration District No. 6089 — Registered No. 15
City Clarence (No. ... St. ... Ward)

2. FULL NAME Emily Janie Asbury

(a) Residence, No. ... 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): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: George W Asbury
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 7 1848
7. AGE — YEARS: 88 — MONTHS: 1 — DAYS: 9 — 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): Kentucky

FATHER
13. NAME: Reason Long
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Nelson Co Kentucky

MOTHER
15. MAIDEN NAME: Eliza Ann Thomas
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pope Co Kentucky

17. INFORMANT (ADDRESS): Mrs Claudia Slahn Clarence, Mo
18. BURIAL, ~~CREMATION~~, OR REMOVAL: Bethel Cemetery DATE Aug-18 1936
19. UNDERTAKER (ADDRESS): Mellon & Bartlow Clarence, Mo.
20. FILED Aug 21 1936 Ray Hamilton Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 12, 1936 to Aug 16, 1936
I last saw her alive on Aug 16, 1936 Death is said to have occurred on the date stated above, at ... m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Traumatic Pneumonia | |
| Fall | |

Other contributory causes of importance:

| | |
|---|---|
| Fracture of Surgical neck of Femur | |

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? Accident Date of injury Aug 12 1936
Where did injury occur? Home (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
In home
Manner of injury Fall
Nature of injury Fracture of surgical neck of Femur

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) S. L. Simpson, M. D.
(Address) Birds Mo.