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 15 1936

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

Do not use this space.

34619

File No.
Registered No. 4382

1. PLACE OF DEATH
County JACKSON Registration District No. 399
Township KAW Primary Registration District No. 1002
City KANSAS CITY (No. 1300, EAST 27TH St. Ward)

2. FULL NAME MRS. ROSE ELLA ASBURY
(a) Residence, No. 1300 EAST 27TH St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 49 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 ROBERT LEE ASBURY

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JANUARY-8-1878

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
58	8	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. SECRETARY
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. CRYSTAL ICE CO.
10. Date deceased last worked at this occupation (month and year) SEPTEMBER-1936
11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) RANDOLPH COUNTY
(STATE OR COUNTRY) MISSOURI

FATHER
13. NAME COLUMBUS SETTLE
14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) MISSOURI

MOTHER
15. MAIDEN NAME MARY ELIZABETH FRENCH
16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) KENTUCKY

17. INFORMANT MRS. SOPHIA FRITTS
(ADDRESS) 1300 EAST 27TH ST.

18. BURIAL, CREMATION, OR REMOVAL
PLACE FOREST HILL DATE SEPT. 29, 1936

19. UNDERTAKER D.W. NEWCOMER'S SONS
(ADDRESS) 2111 EAST 9TH ST.

20. FILED Sep 28, 1936 M. M. Browne
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Sep 18 1936, to Sep 27, 1936
I last saw her alive on Sep 26, 1936. Death is said to have occurred on the date stated above, at 1:00 Am.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	9/17/36

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

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) [illegible] M.D.
(Address) 1124 Professional Bldg
Kansas City, Mo.

1124 - Professional Bldg.
10-12; 1-4:30