

NOV 17 1936

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

Do not use this space.

36658

1. PLACE OF DEATH

County Denton Registration District No. 64
Township Fristoe Primary Registration District No. 5700
City (No. _____) St. _____ Ward _____

File No. _____
Registered No. 27

2. FULL NAME

(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 <u>Female</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u> | | |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED (HUSBAND OF OR) WIFE OF <u>King Young</u> | | | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 24 1907</u> | | | | |
| 7. AGE | YEARS <u>28</u> | MONTHS <u>9</u> | DAYS <u>24</u> | If LESS than 1 day, _____ hrs. or _____ min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Stenograph</u> | | | |
| | 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) <u>Ms</u> | | | | |
| FATHER | 13. NAME <u>Riley Ashley</u> | | | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ms</u> | | | |
| MOTHER | 15. MAIDEN NAME <u>Dora Moore</u> | | | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ms</u> | | | |
| 17. INFORMANT (ADDRESS) <u>Riley Ashley</u> | | | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE (ADDRESS) DATE <u>Fristoe Ms 10/19/36</u> | | | | |
| 19. UNDERTAKER (ADDRESS) <u>Ernest Hill Warsaw Ms</u> | | | | |
| 20. FILED <u>Oct 21 1936 M. C. Watson</u> Registrar. | | | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 18 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 15 1935 to Oct 18 1936
I last saw h. alive on Sept 30 1936 Death is said to have occurred on the date stated above, at 2 P m.
The principal cause of death and related causes of importance were as follows:
Perniciou anemia 1935

Other contributory causes of importance:
None

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) Warsaw Ms (Address) Warsaw Ms

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.

MAR 5 1963