

DEC 30 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

42193

1. PLACE OF DEATH

County PlatteRegistration District No. 693

File No.

Township

Primary Registration District No. 4415

Registered No.

City Edgerton

(No. St. Ward)

2. FULL NAME

Robert Ezra Ashburn

(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

Male

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFGladys Merrill

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

2/17/1867

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1
day, hrs.
or min.69817

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Painter9. 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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Garnett, Kansas

FATHER

13. NAME

R.H. Ashburn14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Ohio

MOTHER

15. MAIDEN NAME

Matilda Morris16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Ohio17. INFORMANT
(ADDRESS)Mrs. R. E. Ashburn
Edgerton, Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE

P.O.O.F. Cem. Smithville Mo. 11/6/36, 193619. UNDERTAKER
(ADDRESS)Gallins Mortuary
Edgerton, Mo.

20. FILED

12/11936Marion R. Nash
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from

July 1, 1936, to Nov. 4, 1936I last saw him alive on Nov. 4, 1936. Death is saidto have occurred on the date stated above, at 7:45 p.m.

The principal cause of death and related causes of importance were as follows:

Malignancy of Prostate

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Lab. 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

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) Walter S. Wood, M. D.(Address) Edgerton, Missouri

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

