

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

45503

1. PLACE OF DEATH

County Meru
 Township Morgan
 City Princeton (No. _____, _____, _____)

Registration District No. 556
 Primary Registration District No. 4328

File No. _____
 Registered No. 61
 St. _____ Ward _____

2. FULL NAME

Elizabeth Ashcroft

(a) Residence, No. _____ St. _____ Ward _____
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 20 - 18 48

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
88 6 13

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) Mo

13. NAME Alfred Bayley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Mary Baller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Tody Ashcroft
Princeton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Princeton DATE Dec 4 1936

19. UNDERTAKER (ADDRESS) Phoebe Mass
Princeton Mo

20. FILED 12/4 1936 J M Perry Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 3 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 3 1936 to Dec 3 1936
 I last saw her alive on Dec 3 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:

Cardiac sensitivity
mitral regurgitation Date of onset 6/1-35

Other contributory causes of importance Dropsey 6/4-36

Name of operation none 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? no 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 none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? none

If so, specify _____

(Signed) J M Perry M. D.

(Address) Princeton Mo

