

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.

FEB 17 1937

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

Dr. J. H. Otherton
Do not use this space.

1937
322

File No. _____
Registered No. 0013 _____
St. _____ Ward _____

1. PLACE OF DEATH
39 County Greene Registration District No. 318
3 Township _____ Primary Registration District No. 2001
5 City Springfield Mo. 1500 rd Vernon St. _____ Ward _____
2. FULL NAME John William Ashworth
(a) Residence No. 1500 rd Vernon 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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Ashworth
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 28, 1859
7. AGE YEARS 77 MONTHS 4 DAYS 5 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Electrician
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) Indiana
13. NAME John W. Ashworth
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
15. MAIDEN NAME Mary Cannon
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
17. INFORMANT Mrs. Anna Ashworth (ADDRESS) Springfield Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Hazelwood DATE Jan. 5, 1937
19. UNDERTAKER Alma LaFreyer (ADDRESS) Springfield Mo.
20. FILED Jan 11 1937 Miss A. Gargino Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 3, 1937
22. I HEREBY CERTIFY That I attended deceased from 8-18-18, 1934, to 1-3, 1937
I last saw him alive on 1-3, 1937 Death is said to have occurred on the date stated above, at 2:30 P.M.
The principal cause of death and related causes of importance were as follows:
myocarditis chronic Date of onset 8-18-34
Other contributory causes of importance: sensitiz
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? _____ 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) Mary Jean Otherton M.D.
(Address) 333 E. McDaniel

