APR 15 1937

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

Do not use this space.

File No. 11248

Registered No. 359

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 85

Township: — Primary Registration District No.: 1001

City: St. Joseph — (No. St. Ward): Mo Methodist Hospital

2. FULL NAME Charles Lee Ashworth

(a) Residence, No. Bolckow mo 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: M

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 4-1936

7. AGE — YEARS: — MONTHS: 8 DAYS: 15 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at Home

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): Bolckow mo

FATHER

13. NAME: Oral Ashworth

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Maitland mo

MOTHER

15. MAIDEN NAME: Lena Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bolckow mo

17. INFORMANT (ADDRESS): Oral Ashworth Bolckow mo

18. BURIAL, CREMATION, OR REMOVAL PLACE: Bolckow Mo DATE: 3-21, 1937

19. UNDERTAKER (ADDRESS): E. S. Brill Savannah mo

20. FILED 3/19, 1937 H J Mattlebunk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3-19, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 18, 1937, to March 19, 1937

I last saw him alive on March 19, 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:

Acute Laryngeal Edema — Date of onset 3-17-37

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Other contributory causes of importance:

Non specific Pharyngitis — 3-17-37

tracheo-bronchitis

Name of operation: None Date of:

What test confirmed diagnosis? None Was there an autopsy? yes

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) W. Roger Moore, M. D.

(Address) St Joseph Mo

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.

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

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