

MAY 19 1937

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

Do not use this space.

16042

1. PLACE OF DEATH
23 County Black
Township Union
City _____ (No. _____) St. _____ Ward _____

Registration District No. 190
Primary Registration District No. 5265

File No. _____
Registered No. 18

2. FULL NAME Alice Ash
(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 F. M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 26 1937

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

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1 1937 to Apr. 26 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 20 1857

I last saw h. _____ alive on Apr. 20 1937 Death is said to have occurred on the date stated above, at 2 A.M.

7. AGE YEARS 79 MONTHS 9 DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.

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

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

Senility

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 _____

Other contributory causes of importance: Arterial Sclerosis

12. BIRTHPLACE (CITY OR TOWN) Genevieve (STATE OR COUNTRY) Indiana

13. NAME Hanna Ash

14. BIRTHPLACE (CITY OR TOWN) New Hampshire (STATE OR COUNTRY) _____

15. MAIDEN NAME Lucinda M. Daffey

16. BIRTHPLACE (CITY OR TOWN) Indianapolis (STATE OR COUNTRY) _____

17. INFORMANT Thomas Ash (ADDRESS) Kahoka Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Cemetery DATE April 27 1937

19. UNDERTAKER Fred Charles (ADDRESS) Kahoka Mo

20. FILED 4/27 1937 J. B. Bridges Registrar.

Date of onset _____

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? If so, specify _____

(Signed) J. B. Bridges M. D. (Address) Kahoka Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

2222

