

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

Do not use this space.

16503

MAY 21 1937
 1. PLACE OF DEATH
 44 County Wheeler Registration District No. 374
 Township Farber Primary Registration District No. 5521
 City Wheeler Oregon (No. _____ St. _____ Ward _____)
 2. FULL NAME Mrs. Flora B. Ashworth
 (a) Residence, No. Farm 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Ashworth
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-27-1864
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
72 6 26
 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) unknown Iowa
 13. NAME Edward Norris
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown unknown
 15. MAIDEN NAME Rate Cowman
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown unknown
 17. INFORMANT Mrs. Mimmie Chilcoat
 (ADDRESS) Oregon Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Oregon Mo DATE 3-26- 1937
 19. UNDERTAKER F. Fred Terhune
 (ADDRESS) Savannah Mo
 20. FILED Apr 10 1937 C. P. Harper
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 20, 1937
 22. I HEREBY CERTIFY, That I attended deceased from Mar 17, 1937, to Mar 29, 1937
 I last saw him alive on Mar 22, 1937 Death is said to have occurred on the date stated above, at 12:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Diabetic Mellitus
59
 Other contributory causes of importance: Ascedia March 17, 1937
 Name of operation _____ Date of _____
 What test confirmed diagnosis: Klinical 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 _____, 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? Yes
 If so, specify _____
 (Signed) Dr. Chandler M. D.
 (Address) Oregon Mo

Dr. Chandler,

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.

