

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

Do not use this space.

JUN 12 1937

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **Deaconess Hospital**) St. **5113** Ward)

2. FULL NAME

Dellie Burton Asbury

(a) Residence, No. **2504 Clifton Park Terrace** St. **3** 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) **Widow**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Jabez A Asbury**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb 15 1855**

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
82 3 6

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) **Graysville Ind**

13. NAME **Sherrod Burton**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ky**

15. MAIDEN NAME **Elitha Burks**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ky**

17. INFORMANT **Marie Asbury Hood**

(ADDRESS) **2504 Clifton Park Terrace**
18. BURIAL, CREMATION, OR REMOVAL **Farmersburg Ind** DATE **5-22-1937**

19. UNDERTAKER **Rowland Mortuary Service**

(ADDRESS) **4355 Washington**
20. FILED **MAY 21 1937**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **5-21** 19 **37**

22. I HEREBY CERTIFY, That I attended deceased from **May 19 1937**, to **May 21 1937**

I last saw her alive on **May 21 1937** Death is said

to have occurred on the date stated above, at **806a** m.

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

Bronchopneumonia
Myocarditis Chronic

Date of onset

5-20-37

8

Other contributory causes of importance:

La Grippe

5-18-37

Name of operation **none** Date of

What test confirmed diagnosis? **Clinical** Was there an autopsy? **Ind**

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 **La Grippe**

(Signed) **H. C. ...** M. D.

(Address) **3930 South ...**

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.

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