

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.

JUN 22 1937

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

Do not use this space.

20365

1. PLACE OF DEATH

County Jasper
 Township
 City Joplin (No. 309 N. Pearl)

Registration District No. 411
 Primary Registration District No. 2002

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

2. FULL NAME

(a) Residence, No. 309 N. Pearl St., _____ Ward. (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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug - 23 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
71 4 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Miner
 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) Fairview Mo.

13. NAME J. W. Ashley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Healia Tigue

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT Mr. Carl Wilson
 (ADDRESS) 328 N. Byers Joplin Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairview DATE 5-20-37

19. UNDERTAKER (ADDRESS) Joplin, Missouri

20. FILED 5-20-37 E. D. James Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 5-19 1937 to 5-19 1937
 I last saw him live - May 19 - 1937 Death is said to have occurred on the date stated above at 8:10 P.M. May 19 - 37
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset _____

Other contributory causes of importance: Asthenia - Rheumatic

Name of operation none Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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. none
 Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) A. B. Kinchetter, Carver, M. D.
 (Address) Joplin, Mo.

