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

Do not use this space.

File No. 33738
Registered No. 1047

1. PLACE OF DEATH
County: Buchanan — Registration District No.
Township — Primary Registration District No.
City: St. Joseph (No. State Hospital #2. St. Ward)

2. FULL NAME: Richard C. Ashby (Richard C. Ashby.)
(a) Residence, No. Macon Co. St., Ward. LaPlata, Mo.
(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE of~~: Laura Ashby (Mrs R. C. Ashby)
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar. 1, 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58 ~~5x~~	6	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: farmer
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): ? Unk. Indiana

FATHER
13. NAME: John E. Ashby Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unk. Ind.

MOTHER
15. MAIDEN NAME: Mary McBride Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unk. Ohio.

17. INFORMANT (ADDRESS): Hospital Records.
18. BURIAL, CREMATION, OR REMOVAL
PLACE: LaPlata, Mo. DATE: Sept. 27, 1937.
19. UNDERTAKER (ADDRESS): Walter Meinhofer 1302 Felix St. St. Joseph, Mo.
20. FILED: 9/26 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 25, 1937
22. I HEREBY CERTIFY, That I attended deceased from Aug. 1st 1937, to Sept. 25, 1937
I last saw him alive on Sept. 25 1937. Death is said to have occurred on the date stated above, at 11 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchi Pneumonia	
1075	

Other contributory causes of importance:

Name of operation: Date of:
What test confirmed diagnosis? Clinical 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? No
If so, specify:
(Signed) E. E. De Long, M. D.
(Address) State Hosp. No 2.

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.

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