DEC 14 1937

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

Do not use this space.

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 85 — File No.: 40687

Township: — Primary Registration District No.: 1001 — Registered No.: 1242

City: St. Joseph, (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME: Sue Virginia Asberry

(a) Residence, No. St., Ward. Rushville, Missouri (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 7 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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Rush Asberry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 7, 1861

7. AGE: YEARS 72 — MONTHS 9 — DAYS 3 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
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): Oct. 1937
11. Total time (years) spent in this occupation: 50yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown West Virginia

FATHER

13. NAME: John Wise
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Virginia

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

17. INFORMANT (ADDRESS): Alpha Asberry Rushville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE: Sugar Creek Cem. Rushville, Mo. DATE: Nov. 12, 1937

19. UNDERTAKER (ADDRESS): Heaton-Begale & Bowman St. Joseph, Mo.

20. FILED: 11/12, 1937 H J Hestlebush Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 3rd, 1937 to Nov. 10th, 1937

I last saw her alive on Nov. 10th, 1937. Death is said to have occurred on the date stated above, at 12:00 noon

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

	Date of onset
Pneumonia	11-8-37

93C

Other contributory causes of importance:

Chronic Bronchitis
Chronic Cholecystitis

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) Ralph J. Byrne M. D.

(Address) 401 N. 8th St

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