

REC'D AUG 9 1938

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

Do not use this space.

24606

1. PLACE OF DEATH

County Andrew Registration District No. 26
Township East River Primary Registration District No. 3002
City Mexico (No. Andrew Hospital) St. _____ Ward _____

2. FULL NAME

Full Name Ms. Alice Ashbury 210
(a) Residence, No. Mexico Mo. 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) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF William Ashbury
(OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 30 - 1861

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
76 9 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home maker

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) unknown 11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (CITY OR TOWN) Andrew Co., Mo.
(STATE OR COUNTRY)13. NAME S. S. Johnston14. BIRTHPLACE (CITY OR TOWN) Virginia
(STATE OR COUNTRY)15. MAIDEN NAME Sarah Hill16. BIRTHPLACE (CITY OR TOWN) Pa.
(STATE OR COUNTRY)17. INFORMANT Mrs. Emma Pilcher
(ADDRESS) Mexico Mo., R. 7, 1418. BURIAL, CREMATION, OR REMOVAL
PLACE Rising Sun DATE July 7 193819. UNDERTAKER Mrs. C. C. ...
(ADDRESS) Mexico Mo.20. FILED July 6 1938 B. Blanche Neely
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 5 193822. I HEREBY CERTIFY That I attended deceased from June 19 1938 to July 3 1938I last saw her alive on July 3 1938 Death is saidto have occurred on the date stated above, at 7:00 pm

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

Chronic Myocarditis Date of onset _____General arteriosclerosisChronic nephritisOther contributory causes of importance: 121Name of operation None Date of _____What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury None

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) A. C. ... M. D.(Address) Mexico, Mo.

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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.

