

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

SEP 28 1938

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

Do not use this space.

30101

1. PLACE OF DEATH

County Saline
Township Marshall
City Marshall

Registration District No. 796

Primary Registration District No. 796

File No. 30101

Registered No. 123

St. Mo.

Ward 240

2. FULL NAME Earnest Ashley

(a) Residence, No. County Home

(Usual place of abode)

Ward. 240

(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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1893

7. AGE

YEARS 45

MONTHS -

DAYS -

If LESS than 1 day, hrs. min.

OCCUPATION

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

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) Bassett, Illinois

13. NAME unknown

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

15. MAIDEN NAME unknown

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

17. INFORMANT Walter Brown

(ADDRESS) Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bridge of Life DATE Sept. 1, 1938

19. UNDERTAKER J. L. Brown

(ADDRESS) Marshall, Mo.

20. FILED 8-31-38

Registrar. 716

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 31, 1938

22. I HEREBY CERTIFY That I attended deceased from June 24, 1938 to Aug 31, 1938

I last saw him alive on Aug 9, 1938 Death is said

to have occurred on the date stated above, at 1:30 A.M.

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

Ch. Myocarditis
& decompensation

Other contributory causes of importance: Ch. Hypertension

Name of operation Clinical 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) Walter Brown, M. D.

(Address) Marshall, Mo.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 9/13/38