

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.

NOV 15 1938

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

Do not use this space.

1. PLACE OF DEATH

County BUCHANAN

Township WASHINGTON

City ST. JOSEPH

Registration District No. 85

Primary Registration District No. 1001

(No. 1710 SENECA STREET, St. Ward)

File No. 35128

Registered No. 1023

2. FULLY NAME

MARK ASHLOCK

(a) Residence, No. 1710 SENECA STREET, St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 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) DIVORCED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEBRUARY 27, 1857

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min. 81 7 14

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. BROWN TRANSFER CO.

10. Date deceased last worked at this occupation (month and year) 9/37 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) DARLINGTON, MISSOURI

13. NAME ALPHIAS ASHLOCK

14. BIRTHPLACE (CITY OR TOWN) UNKNOWN KENTUCKY

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (CITY OR TOWN) UNKNOWN

17. INFORMANT BLANCHE TATE, 1710 SENECA ST.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland Cemetery DATE Oct 13, 1938

19. UNDERTAKER FLEEMAN & SON INC. 1946 COLHOUN ST. ST. JOSEPH, Mo.

20. FILED Oct 13, 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) OCTOBER 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 21, 1938, to Oct 11, 1938

I last saw him alive on Oct 10, 1938 Death is said to have occurred on the date stated above, at 8:55 A.M.

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

Astoria Sclerosis

Date of onset not known

Other contributory causes of importance:

Name of operation O Date of O

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) W. W. Wright, M.D. M. D.

(Address) 215 So. 7th St. St. Joseph, Mo.

STATEMENT BY LICENSED EMBALMER

I, JOHN E. RUPP, Licensed Embalmer No. 3986  
hereby certify that the body recorded on the reverse side of this

Certificate was embalmed by MYSELF

or by \_\_\_\_\_ Registered Apprentice No. \_\_\_\_\_

(Signed)

*John E. Rupp*

Licensed Embalmer No. 3986

**NOTE:** The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
(Failure to comply with the above regulation constitutes grounds for revocation of license.)