

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

50M-7-20-37 I X12004

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.

JAN 13 1939

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

43247
Do not use this space.

1. PLACE OF DEATH

(a) County HOLT
(b) Township FORBES
(c) City OREGON
(e) Length of residence in city or town where death occurred 2 1/2 yrs yrs. mos. ds.

Registration District No. 374
Primary Registration District No. 5521

Registered No. _____

(d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME JOHN ASHWORTH

(a) Residence, No. FARM St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWER

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-15-1855

7. AGE YEARS 83 MONTHS 1 DAYS 15 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. FARMER
9. Industry or business in which work was done, as 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) OREGON (STATE OR COUNTRY) MO

13. NAME Wm. S. ASHWORTH

14. BIRTHPLACE (CITY OR TOWN) UNKNOWN KY. (STATE OR COUNTRY) 1

15. MAIDEN NAME UNKNOWN

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

17. INFORMANT M. C. NORRIS (ADDRESS) OREGON MO

18. BURIAL, CREMATION, OR REMOVAL PLACE OREGON MO DATE 12-27-1938

19. FUNERAL DIRECTOR J. FRED TERHUNE (ADDRESS) SAVANNAH MO

JAN 10 1939 C. P. Harper Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 23 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 2 1938 to Dec 23 1938

I last saw him alive on Dec 23 1938 Death is said to have occurred on the date stated above, at 9 P m.

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

Cerebral hemorrhage Dec 23 1938
83 1/2
Other contributory causes of importance: acute degenerative myelitis 1938

Name of operation None 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) John A. Chandler M. D.
325 (Address) Oregon, Mo

