

REC'D MAR 16 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

7117111
Do not use this space.

7464

1. PLACE OF DEATH

County Pattia Registration District No. 670
Township Heath Creek Primary Registration District No. 5896
City Nelson (No. RFD #2)

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

William Ash

(a) Residence, No. Nelson RFD #2 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 18, 1939

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

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

13. NAME Henry Ash

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

15. MAIDEN NAME Beulah Houk

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

17. INFORMANT Henry Ash (ADDRESS) Nelson, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lamonte, Mo. DATE Feb. 19, 1939

19. UNDERTAKER Gillespie Funeral Home (ADDRESS) Sedalia, Mo.

20. FILED Mar. 6, 1939 Glossie Ferguson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 18, 1939, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 18, 1939 to Feb. 18, 1939
I last saw him alive on Feb. 18, 1939. Death is said to have occurred on the date stated above, at 8 a. m.
The principal cause of death and related causes of importance were as follows:

Prolapsed Cord

Date of onset

Feb. 18, 1939

Other contributory causes of importance:

Not Positive
Occupational Posture

Name of operation Ghastly Date of Feb. 18, 1939
What test confirmed diagnosis Examination 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) Chas. W. S. M. D.

(Address) St. Louis, Mo.

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.

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

3/8/39