

REC'D APR 21 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

12427

Do not use this space.

1. PLACE OF DEATH

(a) County Saline(b) Township Marshall(c) City Marshall, Mo.Registration District No. 79638Primary Registration District No. 3038Registered No. 51

(e) Length of residence in city or town where death occurred

yrs. mos. ds.

(f) How long in U. S., if of foreign birth?

yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. R. 2, D.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)

Married

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

Sallie Bailey

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

July 27, 1873

7. AGE

65

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or min.

OCCUPATION

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) (STATE OR COUNTRY)

Saline Co. Mo.

FATHER

13. NAME

William Francis Ash

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

Warren Co. Virginia

MOTHER

15. MAIDEN NAME

Mary Francis Elsie

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

Warren Co. Virginia

17. INFORMANT (ADDRESS)

Mrs. Austin Ash

18. BURIAL, CREMATION, OR REMOVAL

PLACE Ridge P. Cem.DATE Mar 18, 1939

19. FUNERAL DIRECTOR (ADDRESS)

J. L. Sumner

20. FILED

3-9-39Marshall, Mo.

Local Registrar

MEDICAL CERTIFICATE OF DEATH

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

3-8

22. I HEREBY CERTIFY That I attended deceased from

March 2, 1939 to March 8, 1939I last saw him alive on March 9, 1939. Death is saidto have occurred on the date stated above, at 9 A. M.

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

Lobar Pneumonia
(followed by influenza)

Date of onset

3/11/39

Other contributory causes of importance:

Name of operation

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? no Date of injury

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?

If so, specify

(Signed) W. H. Sumner, M. D.(Address) Marshall, Mo.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4/10/39

STATEMENT BY LICENSED EMBALMER

I, J. Leslie Surrency, Licensed Embalmer No. 3235
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself
L. E.
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed J. Leslie Surrency
Licensed Embalmer No. 3235

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