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

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.

I X14028

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REC'D APR 21 1939

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

12678
Do not use this space.

1. PLACE OF DEATH
(a) County Washington 2 Registration District No. 887
(b) Township Bretons 1 Primary Registration District No. 6179 Registered No.
(c) City (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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 200 Francis Ashia
(a) Residence, No. 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 M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 17 1870
7. AGE YEARS 69 MONTHS 7 DAYS 19 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Mining
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) Washington Co

FATHER
13. NAME Felix Ashia
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Co

MOTHER
15. MAIDEN NAME Mary Valey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Co

17. INFORMANT (ADDRESS) Mary Gavro Tiff Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE old mines DATE Feb 6 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Sparks Potosi Mo

20. FILED Mar 1 1939 G. F. Creasmer Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 5 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1 1938 to Feb. 5 1939
I last saw him alive on Feb. 1 1939 Death is said to have occurred on the date stated above, at 5A m.
The principal cause of death and related causes of importance were as follows:

Valvular heart lesion

Date of onset

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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?
If so, specify
(Signed) Joseph L. Thurman, M. D.
(Address) Potosi, Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....,

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.