

REC'D JUL 19 1939

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

Do not use this space.

1. PLACE OF DEATH

94 County St. Francois Registration District No. 224 File No. 23129
6 Townshp. Flat River Primary Registration District No. 4465 Registered No. 884
0 City Flat River St. _____ Ward _____

2. FULL NAME

Lutie Gay Asbridge
(a) Residence, No. River Mines, Mo. 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) Child
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 18-1939
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Child
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) River Mines, Mo.

FATHER 13. NAME Mr. Arthur Asbridge

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Flat River, Mo.

MOTHER 15. MAIDEN NAME Mrs. Opal Ogle Asbridge

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Uniontown, Mo.

17. INFORMANT Mr. Arthur Asbridge (Father)
(ADDRESS) Flat River, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE R. P. St. Francois DATE June 25-1939

19. UNDERTAKER Alvin W. Hood
(ADDRESS) Flat River, Mo.

20. FILED 7/1/39 B. B. Ferrer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 18, 1939, to June 24, 1939. I last saw him alive on June 24, 1939. Death is said to have occurred on the date stated above, at 11:30 P.M.

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

Prematurity

7 months

154

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 Theodore Paul D. O.
(Signed) _____

697 (Address) Flat River

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.

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