CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

29

CSD AUG 4 1939

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

Do not use this space.

1. PLACE OF DEATH

County Clay — Registration District No. 148 5277A — File No. 25398

Township Fishing River — Primary Registration District No. 30-11 — Registered No. 102

City Mosby (No. ..... St. ..... Ward)

2. FULL NAME Mattie Lee Ashcraft

(a) Residence, No. ..... St., ... Ward. Mosby, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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: James R. Ashcraft

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 1 - 1889

7. AGE: YEARS 49 — MONTHS 10 — DAYS 26 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
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): Big Springs Kentucky

FATHER

13. NAME: Thomas F. Wallace
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Brandenburg, Kentucky

MOTHER

15. MAIDEN NAME: Ida Bennett
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hartford Kentucky

17. INFORMANT (ADDRESS): James R. Ashcraft Mosby, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Woodland Cemetery DATE July 30 1939

19. UNDERTAKER (ADDRESS): Herbert Hope Excelsior Springs, Mo.

20. FILED July 28 1939 Mrs Ru McCracken Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 21st, 1939 to July 28, 1939

I last saw her alive on July 27, 1939. Death is said to have occurred on the date stated above, at 10 A.M.

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

Placenta Previa Centralis resulting - hemorrhage during delivery

Date of onset: 9 Month

Other contributory causes of importance: Lowered Vitality from 16 pregnancies and age

Name of operation: None — Date of .....

What test confirmed diagnosis? physical findings — 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) S. R. McCracken, M. D.
(Address) Excelsior Spring Mo

EIVED
rict Health Officer No. 8
ict File Number
Filed 8/2/39