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

35604
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan, Registration District No. 1001 Registered No. 1139
(b) Township or City St. Joseph, Primary Registration District No. 85
(c) (d) Street No. State Hospital for Insane # 2, 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 59 yrs. 0 mos. 8 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Ray Ashbrook,
(a) Residence, No. 2229 Messanie 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): Divorced,
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Rose Ashbrook,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 25th. 1880
7. AGE: Years 59, Months 0, Days 8, If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Laborer,
9. Industry or business in which work was done, as saw mill, bank, etc.: W.P.A.
10. Date deceased last worked at this occupation (month and year): October 1939.
11. Total time (years) spent in this occupation: 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Saint Joseph, Missouri,

FATHER
13. NAME: Thomas R. Ashbrook,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ashville, Ohio,

MOTHER
15. MAIDEN NAME: Emma Mast,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Joseph, Missouri,

17. INFORMANT (ADDRESS): Belle Ashbrook 2229 Messanie Str.
18. BURIAL, CREMATION, OR REMOVAL PLACE: St. Jo. Mem. Park DATE: Nov. 4th. 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Heaton-Belgate & Bowman 319 So. 10th. Str. Funeral Hom.
20. FILED Nov 3, 1939 [signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 3rd, 1939
22. I HEREBY CERTIFY, That I attended deceased from Apr. 23, 1939, to Nov. 3, 1939
I last saw him alive on Nov. 1, 1939 Death is said to have occurred on the date stated above, at 2:00 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	10/31/39

Other contributory causes of importance:

Arterio-sclerosis (general)	?
Prostatitis - chr.	1919.

Name of operation: none 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? 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) G. T. Bloomer, M. D.
(Address) 1218 N. 3rd St.

(Licensed Embalmer's Statement on Reverse Side)

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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

I X16605

JUL 19 1945

RECEIVED FILED STATE OFFICE
INDEX CARD RETURNED TO DISTRICT
DATE 11-17-7

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 Nov. 3, 1

....., Registered Apprentice No.....

working under my personal supervision.

Signed W. E. Summerfield

Licensed Embalmer No. 3007

P. O. Address 3.69. So 10 St Joseph

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

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