

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

FILED FEB 15 1940

1. PLACE OF DEATH
 County Butte Registration District No. 92
 Township Ash Hill Primary Registration District No. 51-411
 City (No. St. Ward)
 2. FULL NAME Lillie Bell Ashcroft
 (a) Residence, No. St. Ward.
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Ashcroft
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 9 - 1879
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 60 11 13
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home wife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. L
 10. Date deceased last worked at this occupation (month and year) L 11. Total time (years) spent in this occupation L

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
 FATHER
 13. NAME W. P. Williams
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana
 MOTHER
 15. MAIDEN NAME Don't know
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know
 17. INFORMANT Roy Carl Craft (ADDRESS) W. Adams Trio
 18. BURIAL, CREMATION, OR REMOVAL PLACE W. Adams DATE Jan 23 1940
 19. UNDERTAKER D. B. Pappell (ADDRESS) Pizzell Ash
 20. FILED 2-10 19 40 Thos Campbell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 22 1940
 22. I HEREBY CERTIFY, that I attended deceased from Dec 10 1939, to Jan 22 1940
 I last saw her alive on Jan 2 1940. Death is said to have occurred on the date stated above, at 6.9 m.
 The principal cause of death and related causes of importance were as follows:
Myocarditis
 Date of onset 1937
 Other contributory causes of importance:
L
 Name of operation L Date of L
 What test confirmed diagnosis? L Was there an autopsy? L
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? L Date of injury L, 19L
 Where did injury occur? L (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. L
 Manner of injury L
 Nature of injury L
 24. Was disease or injury in any way related to occupation of deceased? None
 If so, specify L
 (Signed) Scott Coalt, M. D.
 (Address) W. Adams

