

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

Do not use this space.

FEB MAR 16 1940

1. PLACE OF DEATH

County Camden Registration District No. 118
 Township Adair Primary Registration District No. 5769
 City _____ (No. _____) St. _____ Ward _____

File No. 6159
 Registered No. 1

2. FULL NAME

(a) Residence, No. Edwards # 2 St., 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 F 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Small child
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 16-1938
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 9 11

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 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) Camden Co mo

FATHER
 13. NAME Milford T. Ash
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Camden Co mo

MOTHER
 15. MAIDEN NAME Mabel Anna Chime
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Camden Co mo

17. INFORMANT Milford Ash
 (ADDRESS) Edwards mo

18. BURIAL, CREMATION OR REMOVAL PLACE Cable Ridge Co DATE 2-28 1940

19. UNDERTAKER Edwards mo
 (ADDRESS) Edwards mo

20. FILED 2-28-1940 W.S. Windsor
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 27 1940
 22. I HEREBY CERTIFY, That I attended deceased from Feb. 25 1940, to Feb. 27 1940
 I last saw her alive on Feb. 25 1940. Death is said to have occurred on the date stated above, at 9 P. m.
 The principal cause of death and related causes of importance were as follows:

Pneumonia Date of onset _____
112
 Other contributory causes of importance: Severe cold 2-17-40

Name of operation _____ Date of _____
 What test confirmed diagnosis? Septic Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury none 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) W.S. Windsor, M. D.
113 (Address) Clingx Springs mo

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.

RECEIVED

District Health Officer No. 7

District File Number 3-40-2204

Date Filed 3-25-40