

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.

FILED SEP 19 1940

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

28575  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Wright Registration District No. 326  
 (b) Township Franklin Primary Registration District No. 4196 Registered No. 6  
 (c) City Spickard (d) Street No. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Elizabeth Ashbrook 216  
 (a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>was Ashbrook</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 19<sup>th</sup> 1863</u>		
7. AGE YEARS <u>77</u>	MONTHS <u>5</u>	DAYS <u>23</u> If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>retired</u>	
	9. Industry or business in which work was done, as 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) <u>Chillicothe Mo.</u>		
FATHER	13. NAME <u>David Austin</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
MOTHER	15. MAIDEN NAME <u>Sarah Boyle</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
17. INFORMANT (ADDRESS) <u>Roy Ashbrook Spickard, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Spickard Mo</u> DATE <u>8-13</u> 19 <u>40</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Wheeler</u> <u>Meriton Mo</u>		
20. FILED <u>Aug 13</u> 19 <u>40</u> <u>Mo</u> <u>Wilton Vaughn</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-12-40 1940

22. I HEREBY CERTIFY, That I attended deceased from Aug 8<sup>th</sup>, 1940, to Aug 12, 1940  
 I last saw her alive on Aug 12<sup>th</sup>, 1940 Death is said to have occurred on the date stated above, at 2 15<sup>am</sup>  
 The principal cause of death and related causes of importance were as follows:  
Chronic Myocarditis  
Influenza  
 Date of onset 1938  
Aug 8<sup>th</sup>

Other contributory causes of importance:  
Influenza

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? No  
 If so, specify \_\_\_\_\_  
 (Signed) R. D. Swift D. O. M. D.  
 (Address) Spickard, Missouri

RECEIVED

District Health Officer No. 11,  
District File Number 940-1374  
Date Filed SEP 11 1940

JAN 20 1942

DEC 1 1941

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 .....

Registered Apprentice No. ...., working under my personal supervision.

Signed.....

*Chas D Geyman*

Licensed Embalmer No. 3109

P. O. Address Newton, MA

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

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