

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.

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

Do not use this space.

NOV 25 1935

32514

1. PLACE OF DEATH

County Hennepin  
Township  
City Clinton (No. ....)

Registration District No. 247  
Primary Registration District No. 3018

File No. ....  
Registered No. ....  
St. .... Ward)

2. FULL NAME

Eldon Eugene Ashley

(a) Residence, No. 404 N Third St St. Passed away  
(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 M 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 3 1911

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
24 6 23

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
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) Ferrville mo  
(STATE OR COUNTRY) mo

MOTHER 13. NAME Lee Ashley

FATHER 14. BIRTHPLACE (CITY OR TOWN) arkansas  
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Sadie Morris

FATHER 16. BIRTHPLACE (CITY OR TOWN) Hickory Co mo  
(STATE OR COUNTRY)

17. INFORMANT Gray Lawler  
(ADDRESS) Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Lebo cem DATE 10-27 35

19. UNDERTAKER Consalus & Beck  
(ADDRESS) Clinton Mo

20. FILED 10-28, 1935 J. R. Hampton  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-26 - 1935

22. I HEREBY CERTIFY, That I attended deceased from 10-25 - 1935, to 10-26 - 1935

I last saw him alive on 10-26 - 1935 Death is said to have occurred on the date stated above, at 3 P m.

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

Diabetic Coma Date of onset 10-26-35  
Diabetes 5 yrs standing

Measles 10/2/25

Other contributory causes of importance

Name of operation

What test confirmed diagnosis? Diabetes 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) Ed. C. Geeloy, M. D.  
(Address) Clinton Mo

