

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.

MAY 20 1937

16463

1. PLACE OF DEATH
 County Henry Registration District No. 347
 Township 4 Primary Registration District No. 3018
 City Clinton (No. 1) St. _____ Ward _____

2. FULL NAME Martha Ella Ashenburt
 (a) Residence, No. 509 South Main 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 <u>7</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wm. R. Ashenburt</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 28 1865</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>71</u>	<u>4</u>	<u>27</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>			
	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) <u>St Clair Co Mo</u>				
FATHER	13. NAME <u>Thomas W Wright</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Benton Co Mo</u>			
MOTHER	15. MAIDEN NAME <u>Susan Crobbree</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>don't know</u>			
17. INFORMANT (ADDRESS) <u>Wm R Ashenburt Clinton Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bethelham</u> DATE <u>4/26 37</u>				
19. UNDERTAKER (ADDRESS) <u>Consulus & Peck's Plasterers Mo</u>				
20. FILED <u>5/26 37</u> <u>J. R. Hampton</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-25, 1937
 22. I HEREBY CERTIFY, That I attended deceased from 4-19, 1937, to 4-25, 1937
 I last saw him alive on 4-27, 1937 Death is said to have occurred on the date stated above, at 11 P.M.
 The principal cause of death and related causes of importance were as follows:
apoplexy
 Date of onset 4-14-37

Other contributory causes of importance:
SB

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? _____
 If so, specify _____
 (Signed) L. S. Walker, M. D.
 (Address) Clinton Mo

[The page contains several columns of extremely faint, illegible text. The text appears to be a document with multiple columns, possibly a list or a report, but the characters are too light to be read. There are some faint markings and what might be a signature or stamp in the center of the page.]