

APR 27 1937

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

Do not use this space.

13269

1. PLACE OF DEATH

County St. Francis Registration District No. 775
Township Marion Primary Registration District No. 6022
City RFD. Boone Grove Mo.

File No. _____
Registered No. 30
St. _____ Ward

2. FULL NAME

Marshall C. Ashburn
(a) Residence, No. RFD. Boone Grove Mo. Ward.

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Male
2. COLOR OR RACE White
3. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William C. Ashburn
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 2, 1859
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 78 0 5
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
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.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 7, 1937
22. I HEREBY CERTIFY, That I attended deceased from Feb. 27, 1937 to March 6, 1937
I last saw him alive on March 6, 1937 Death is said to have occurred on the date stated above, at 4:30 A.M.
The principal cause of death and related causes of importance were as follows:

Tuberculosis
Infirmitas Hags
Abdominal tumor
Date of onset

Other contributory causes of importance:
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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) B. H. Maritz M. D.
(Address) Boone Grove, Mo.

12. BIRTHPLACE (CITY OR TOWN) St. Francis Co. Missouri
13. NAME A. C. Mc Henry
14. BIRTHPLACE (CITY OR TOWN) Unknown
15. MAIDEN NAME Margaret Smith
16. BIRTHPLACE (CITY OR TOWN) Tennessee
17. INFORMANT Pope Ashburn
(ADDRESS) RFD Boone Grove Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Ashburn Cemetery DATE March 9, 1937
19. UNDERTAKER Senkowsky and Co
(ADDRESS) Boone Grove Mo
20. FILED March 9, 1937 N. W. Hawkins
Registrar.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state OCCUPATION is very important.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County St. Francois
Township _____
City _____ (No. _____)

Registration District No. 175
Primary Registration District No. 6022

File No. 13269
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Martha A. Ashburn

(a) Residence, No. _____ St. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 7, 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____

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

I last saw him _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Lobar pneumonia Date of onset _____

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

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Infirmities of age

13. NAME

Abdominal tuberc.

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

(Clinical evidence indicated)

15. MAIDEN NAME

a cystic tumor of rather large size

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Name of operation _____ Date of _____

17. INFORMANT (ADDRESS)

What test confirmed diagnosis? _____ Was there an autopsy? _____

18. BURIAL, CREMATION, OR REMOVAL

23. If death was due to external causes (violence), fill in also the following:

PLACE _____ DATE _____, 19____

Accident, suicide, or homicide? _____ Date of injury _____, 19____

19. UNDERTAKER (ADDRESS)

Where did injury occur? _____ (Specify city or town, county, and State)

20. FILED _____, 19____

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) B. J. Hovity, M. D.

(Address) Booneville, Mo.

Registrar.

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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