

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.

NOV 10 1933

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

33769

1. PLACE OF DEATH

68 County Monticau
Township Walker
City _____ No. _____

Registration District No. 571
Primary Registration District No. 5769

File No. _____
Registered No. 63
St. _____ Ward _____

2. FULL NAME

(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

3. SEX <u>Female</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Luke Wood</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr 6 - 1858</u>		
7. AGE <u>75</u>	YEARS <u>6</u>	MONTHS <u>1</u>
DAYS <u>1</u>		IF LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</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>Calloway Co Mo</u>		
13. NAME <u>Wm Ashel</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME <u>Don't know</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT (ADDRESS) <u>John Ashel California Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Memorial Cem</u> DATE <u>10/24</u> 19 <u>33</u>		
19. UNDERTAKER (ADDRESS) <u>Fuller & Friedman California Mo</u>		
20. FILED <u>10-23</u> 19 <u>33</u> <u>H.R. Poppey</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 22 193322. I HEREBY CERTIFY, That I attended deceased from Oct 19 1933, to Oct 22 1933I last saw him alive on Oct 22 1933. Death is saidto have occurred on the date stated above, at 2:40 p.m.

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

Asthmaacute112

Other contributory causes of importance:

112

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 _____, 1933

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.M. Gray _____, M. D.

(Address) _____

