

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

Do not use this space.

41564

PLACE OF DEATH

County Madison
Township Rolla
City Maryville (No. _____)

Registration District No. 625
Primary Registration District No. 3031

File No. _____
Registered No. 116
St. _____ Ward _____

2. FULL NAME Mary E Ashford

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jacob M Ashford

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sep 19 - 1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
80 2 13

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Green Co Pa
(STATE OR COUNTRY)

10. NAME OF FATHER Abraham M. Guinness

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Indiana
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Susan M. Pearson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ireland
(STATE OR COUNTRY)

14. INFORMANT Milo Ashford
(Address) Maryville Mo

15. FILED 12-7-29 C. P. Dwyer REGISTRAR
M.C.C.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) DEC. 4 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov 2, 1929 to Dec 4, 1929 that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at 8-20 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Leucemia Stomach
46 B (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) 46 B (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) T. C. Guinness M.D.

, 19____ (Address) Maryville Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Miriam Cemetery 12-7 1929

20. UMBERTAKER Eric Fink Maryville Mo ADDRESS

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 very important.

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JAN 21 1930

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