

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

Do not use this space.

19400

2393

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township New

Primary Registration District No. 100

City N. P. Mo. (No. St. Joseph Hospital)

File No. _____

Registered No. _____

St. _____ Ward _____

2. FULL NAME

Robert Lester Ashworth

(a) Residence. No. 3120 Euclid St. 13 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

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

Eleanor Gertrude Ashworth

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

May 22 1891

7. AGE

YEARS

MONTHS

DAY

If LESS than 1 day, _____ hrs. or _____ min.

39

15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Supt.

(b) General nature of industry, business, or establishment in which employed (or employer)

Campbell Baking Co

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

See

10. NAME OF FATHER

Joseph Ashworth

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

No record

12. MAIDEN NAME OF MOTHER

No record

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

No record

14.

INFORMANT

(Address)

Eleanor G. Ashworth

3120 Euclid

15.

FILED

1930

M. M. Crowe

REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 7 1930

17. HEREBY CERTIFY, That I attended deceased from May 31 1930 **to** June 7 1930 **and that I last saw him alive on** June 6 1930 **and that death occurred, on the date stated above, at** 5 a **m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Brain tumor, multiple, carcinoma originating from the chorioepithelium
53F (duration) yrs. 8 mos. 1 ds.

CONTRIBUTORY (SECONDARY)

55D (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? Yes DATE OF June 6, 1930

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Operation & autopsy
(Signed) Frank R. Ashworth M. D.

June 7, 1930 (Address) 1002 Argyle Bldg

*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

Forest Hill

6-9 1930

20. UNDERTAKER

ADDRESS

Mrs. L. H. Foster N. P. Mo.

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.

