WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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

1. PLACE OF DEATH

County ..... Registration District No. 79 ..... File No. 11768

Township ..... Primary Registration District No. 1002 ..... Registered No. 2999

City St. Louis Mo. (No. ....., Sanitarium St. ..... Ward)

2. FULL NAME Josephine Ashby

(a) Residence. No. 2633 Pine St., 13 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 16 yrs. + mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 14 1854

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	76	6	22	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Unknown
(b) General nature of industry, business, or establishment in which employed (or employer) "
(c) Name of employer "

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Virginia 2

PARENTS

10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Virginia
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Virginia

14. INFORMANT Herbert P Smith MD (Address) 5400 Arsenal St.

15. FILED MAR -9 1931, 19.. Dep. C. Parker REGISTRAR

MEDICAL CERTIFICATE OF DEATH 2

16. DATE OF DEATH (MONTH, DAY AND YEAR) MARCH 6 1931

17. I HEREBY CERTIFY, That I attended deceased from July 1, 1930, to Mar 6, 1931, that I last saw her alive on Mar 5th, 1931, and that death occurred, on the date stated above, at 8 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocardates
936
1623
930
(duration) 2 yrs. + mos. ds.

CONTRIBUTORY (SECONDARY) Senile Dementia
(duration) 2 yrs. + mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Unknown
0 DID AN OPERATION PRECEDE DEATH? No DATE OF (1)
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Laboratory
(Signed) Herbert P Smith, M.D.
3/6, 1931 (Address) 5400 Arsenal St

*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
Saint Peters	Mar. 9 1931
20. UNDERTAKER	ADDRESS
Charles J. Gates	4107 Finney