

JUN 24 1936

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

Do not use this space.

20219

1. PLACE OF DEATH

County Madison  
Township  
City Marionville (No. ....)

Registration District No. 625  
Primary Registration District No. 3031

File No. ....  
Registered No. 70 (St. .... Ward)

2. FULL NAME

Mrs Emma Ashford  
(a) Residence, No. Booker T. Washburn (Usual place of abode) W. 1st Ward.

Polk Co Mo  
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25, 1936

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

22. I HEREBY CERTIFY, That I attended deceased from april 22, 1936, to May 25, 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 7, 1869

I last saw h. .... alive on May 27, 1936 Death is said to have occurred on the date stated above, at 3:40 a.m.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ....hrs. or ....min. 67 0 21

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. At Home  
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.

Stenoplegia with left side paralysis arterio-sclerosis

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

Other contributory causes of importance:  
None

13. NAME John W Smith

Name of operation ..... Date of .....  
What test confirmed diagnosis? Glucose Was there an autopsy? .....

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

15. MAIDEN NAME Angeline Smith

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19.....

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

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

17. INFORMANT Chas W Ashford (ADDRESS) Polk Co Mo

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE Marion DATE 5-30 1936

Manner of injury ..... Nature of injury .....

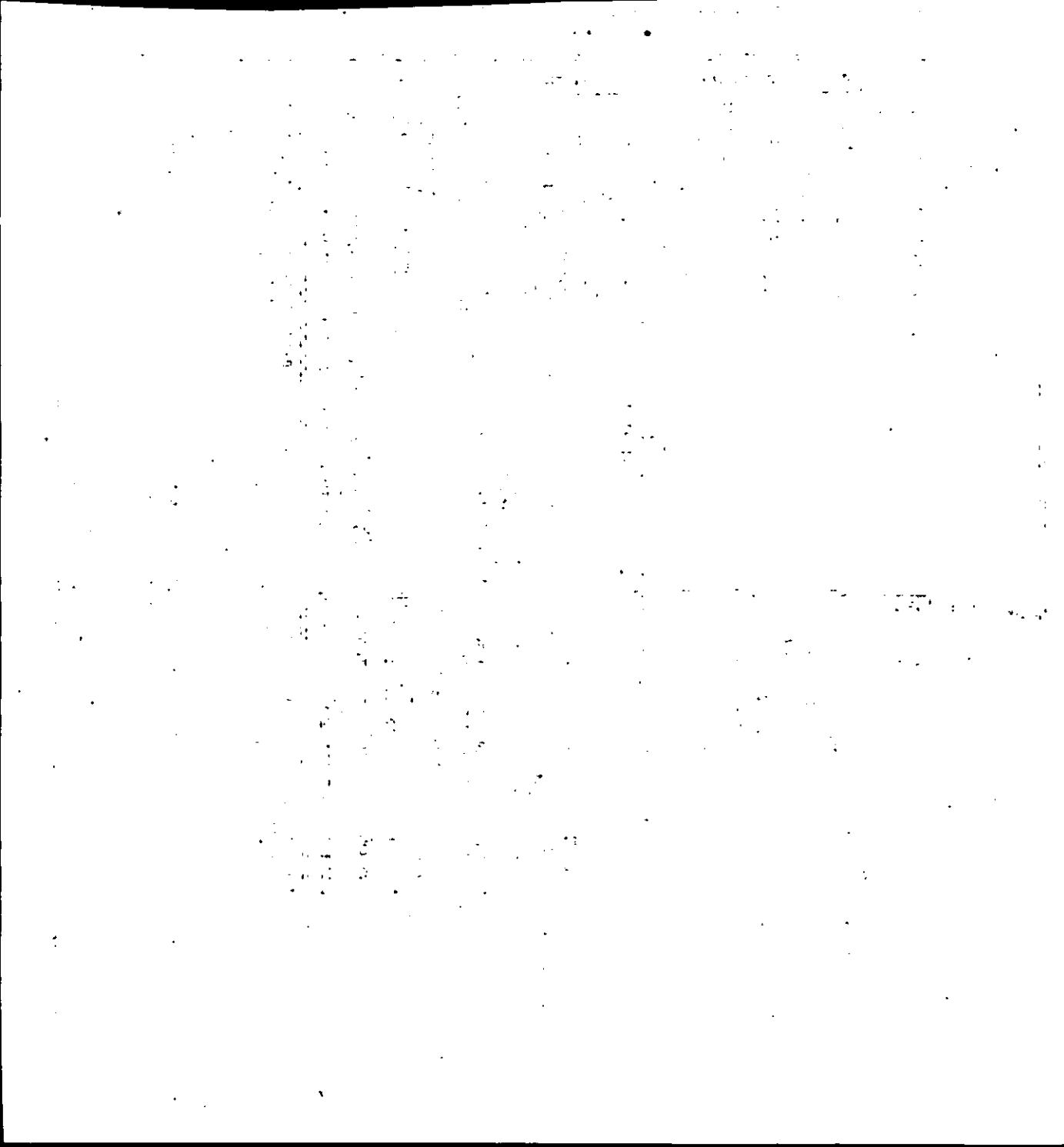
19. UNDERTAKER Funeral Home (ADDRESS) Marionville Mo

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify H. M. Hullett Jr, M. D.

20. FILED May 30, 1936 Mamie E. Clardy Registrar.

(Signed) Maryville Mo (Address) .....

CAUSE OF DEATH in plain terms, so that it may be properly classified. Enter statement of cause of death in every important



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**1. PLACE OF DEATH**

County Madison  
Township Marionville  
City Marionville (No. ...., St. .... Ward)

Registration District No. 625  
Primary Registration District No. 3031

File No. ....  
Registered No. ....

**2. FULL NAME**

Mrs Emma 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED m  
(write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22, 1936

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

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

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

Stenoplegic  
possessing cerebral  
hemorrhage  
Date of onset

Other contributory causes of importance:

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?.....  
If so, specify.....

(Signed) Wm Wallis Jr., M. D.

(Address) Marionville, Mo.

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 67 0 21

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

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19....

19. UNDERTAKER (ADDRESS)

20. FILED 5-30, 1936 Name E. Clardy Registrar

**SUPPLEMENT**

S-20219