

REC'D NOV 21 1938

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

36196
Do not use this space.

1. PLACE OF DEATH

(a) County Monroe Registration District No. 502
(b) Township _____ Primary Registration District No. 4305
(c) City Marceline (d) Street No. _____ Registered No. 42
(e) Length of residence in city or town where death occurred 12 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
Ann Elizabeth Ashby

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lafayette ashby
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 27 1859
7. AGE YEARS 79 MONTHS 3 DAYS 12 IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. at Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Bible Grove
(STATE OR COUNTRY) Scotland Co Ky

FATHER 13. NAME Thomas Pelet Humphrey
14. BIRTHPLACE (CITY OR TOWN) Ky
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Sarah Jane Stough
16. BIRTHPLACE (CITY OR TOWN) Ohio
(STATE OR COUNTRY)

17. INFORMANT Mrs Wm Ellis
(ADDRESS) Marceline mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Olivet DATE Oct 11 1938

19. FUNERAL DIRECTOR (NAME) Jas M Laughlin
(ADDRESS) Marceline mo

20. FILED 10 11 1938 Oliver Barrett
Local Registrar

~~MISSOURI~~ CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 9 1938

22. I HEREBY CERTIFY That I attended deceased from Sept 29 1938 to Oct 9 1938
I last saw him alive on Oct 9 1938 Death is said to have occurred on the date stated above, at 1:40 am

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

Date of onset 10-5-38

Other contributory causes of importance: 8201

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No

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? No
If so, specify _____
(Signed) John W. Gibson
Marceline
Local Registrar

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.

RECEIVED

District Health Officer No. 10

District File Number 10-38-488

Date Filed 11-4-32

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Mrs Blanche McLaughlin

or by Salv Briner

Registered Apprentice No. 149, working under my personal supervision.

Signed Mrs Blanche McLaughlin

Licensed Embalmer No. 1909

P. O. Address Marshall Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.