

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.

20 1939

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

Do not use this space.

1. PLACE OF DEATH

County

Jackson

Registration District No.

399

File No.

35318

Township

Troy

Primary Registration District No.

1002

Registered No.

120

City

Kansas City, Mo.

(No.)

Trinity Lutheran

St.

Ward)

2. FULL NAME

BABY ASHLEY

(a) Residence, No.

2827 Mercier

St.

Ward.

(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

Indetermined White

4. COLOR OR RACE

White

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

Single

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

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

Sept 28 1939

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day,hrs. ormin.

OCCUPATION

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

None

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)

K. C. Mo.

MOTHER FATHER

13. NAME

Mrs. Robt. Ashley

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

Shelley, Idaho

15. MAIDEN NAME

Edith Violet Epps

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

Home, Mo.

17. INFORMANT (ADDRESS)

Mrs. Robt. Ashley
2827 Mercier

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Laboratory specimen

DATE

19.

19. UNDERTAKER (ADDRESS)

(Address)

20. FILED

10/16/39 M. M. Brown

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Sept 28 1939

22. I HEREBY CERTIFY, That I attended deceased from

Sept 28, 1939, to

I last saw him alive on

to have occurred on the date stated above, at

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

Premature still born
1/2 pregnancy

Date of onset

Other contributory causes of importance:

Name of operation

What test confirmed diagnosis? (History) 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

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) W. Sidney Spicer M. D.
(Address)

