

AUG 22 1929

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

Do not use this space.

23733

1. PLACE OF DEATH

County Barry
Township Monett
City Monett (No. _____)

Registration District No. 30
Primary Registration District No. 3003

File No. _____
Registered No. 55
St. _____ Ward _____

2. FULL NAME

William Arthur Ash

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 L

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 5 - 1908

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
21 ✓ 3

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home.
(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) Barry Co. Mo.

10. NAME OF FATHER Claud Ash

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Ella Brown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Mo

14.

INFORMANT Claud Ash
(Address) Monett, Mo.

15.

FILED 7-10-29 W M West
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 9 1929

17. I HEREBY CERTIFY, That I attended deceased from June 1, 1929, to July 9, 1929, and that I last saw him alive on July 7, 1929, and that death occurred, on the date stated above, at 5:45 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis

25A
CONTRIBUTORY (SECONDARY) SI
(duration) 2 yrs. mos. da.

CONTRIBUTORY (SECONDARY) SI
(duration) _____ yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, at place of Death

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical signs

(Signed) Ernest Mitchell M. D.

, 19 (Address) Monett Mo.

*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 Purdy Cemetery DATE OF BURIAL 7-10 1929

20. UNDERTAKER Blanchenship Purdy
ADDRESS Purdy

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.

WHILE IN LINE, WATCH FOR FADING INK—THIS IS A PERMANENT RECORD

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