

JAN 15 1938

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

Do not use this space.

44597

1. PLACE OF DEATH

County Ramsey County Registration District No. 31
Township McDoussed Primary Registration District No. 5045A
City Cassville Mo

File No.
Registered No. 42
St. Ward)

2. FULL NAME Sarah Frances Ash

(a) Residence, No. Purdy no. P. 70 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 75 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 widow

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 6th 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF Irvin Ash Deed

I HEREBY CERTIFY, That I attended deceased from Jan 1st 1931 to Dec 6th 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 7th 1853

last saw her alive on July 5th 1937 Death is said

7. AGE YEARS 84 MONTHS 5 DAYS 29 If LESS than 1 day, hrs. or min.

to have occurred on the date stated above, at 12:40 a.m.

The principal cause of death and related causes of importance were as follows:
Myocarditis (chronic) Date of onset 1-1-32

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

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

Other contributory causes of importance: 930

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Name of operation Date of
What test confirmed diagnosis? Phys 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?

If so, specify
(Signed) J. S. Baldwin M. D.
(Address) Purdy Mo.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cambria Ky Tennessee

13. NAME Thomas Maple

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

15. MAIDEN NAME W. K.

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

17. INFORMANT Marion Ash (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Harner DATE 12/9 1937

19. UNDERTAKER Home - Calver (ADDRESS) Cassville Mo

20. FILED Dec 22 1937 Donald Blankenship 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.

