

REC'D JUN 14 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH18053
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
 (b) Township Washington Primary Registration District No. 1001 Registered No. 493
 (c) City St. Joseph, Mo. (d) Street No. Cancer Hospital #2, State Hosp. #2 St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. 6 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

MARY ASH
 (a) Residence, No. Hentey, Mo. Hentey Co. St. Hentey Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 30, 1882

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
56 5 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as 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) Wald Missouri 0

FATHER 13. NAME S. E. Walker 1
 14. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Illinois 1

MOTHER 15. MAIDEN NAME Elizabeth Rogers
 16. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Illinois

17. INFORMANT State Cancer Hosp. #2
 (ADDRESS) State Hosp. #2

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Albany Mo DATE May 9, 1939

19. FUNERAL DIRECTORY Deaton Beagle & Bonner
 (ADDRESS) 319 So. 10 St. St. Joseph Mo

20. FILED May 9, 1939 H. J. Westlake
22 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1939, to May 8, 1939

I last saw him alive on May 8, 1939. Death is said to have occurred on the date stated above, at 8:05 P.M.

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

Carcinoma of Rectum - primary (Date of onset 3)
Strait tumor of Uterus
Peritonitis - general 5-6-39

Other contributory causes of importance:

Name of operation Hysterectomy + Colostomy Date of 5-4-39
 What test confirmed diagnosis Autopsy Was there an autopsy? Yes

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) Paul J. Ferguson, M. D.
 (Address) St. Joseph, Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

30M-7-25-37

1 X12004

STATEMENT BY LICENSED EMBALMER

W. E. Summerfield Licensed Embalmer No. 3007

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed W. E. Summerfield

Licensed Embalmer No. 3007

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.)