

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

Do not use this space.

1. PLACE OF DEATH: **24 1936**

County: *Morgan*
Township: *Morgan*
City: _____ (No. _____)

Registration District No. *598*
Primary Registration District No. *4355*
5500

File No. _____
Registered No. *11*
St. _____ Ward _____

2. FULL NAME: *Martha Aschbacher*
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (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: *FM* 4. COLOR OR RACE: *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): *Single*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): *July 3 - 1878*
7. AGE YEARS: *57* MONTHS: *7* DAYS: *12* If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: *at Home*
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): *Manitow Co. Mo*

13. NAME: *Ulrich Aschbacher*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): *Switzerland*

15. MAIDEN NAME: *Caroline Gerber*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): *Wapine Co. Ohio*

17. INFORMANT: *Lawrence Aschbacher*
(ADDRESS) *Versailles, Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE: *Rethel Cemetery* DATE: *Feb 17*, 19*36*

19. UNDERTAKER: *M. F. Kisker*
(ADDRESS) *Versailles, Mo*

20. FILED: *2-16*, 19*36* *W. E. Hulst* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): *Feb 15*, 19*36*
22. I HEREBY CERTIFY, That I attended deceased from *Feb 10*, 19*36*, to *Feb 15*, 19*36*
I last saw her alive on *Feb 10*, 19*36* Death is said to have occurred on the date stated above, at *12 a.m.*
The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance: _____
Angina Pectoris
few months
Date of onset: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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 _____, 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) *A. J. Gunn*, M. D.
(Address) *Versailles Mo*

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.

