

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

Do not use this space.

**32613**

**1. PLACE OF DEATH**

County Andrew  
Township Empire  
City..... (No....., .....St. ....Ward)

Registration District No. 13  
Primary Registration District No. 5018

File No.....  
Registered No. 13

**2. FULL NAME**

Sarah Ellen Gross

(a) Residence. No..... St., .....Ward.  
(Usual place of abode)  
Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.  
(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** John O Gross

**6. DATE OF BIRTH** (MONTH, DAY AND YEAR) Oct 13 - 1847

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
	80	1	8	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work house-wife

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer.....

**9. BIRTHPLACE** (CITY OR TOWN) Kearney  
(STATE OR COUNTRY) Mo

**10. NAME OF FATHER** George W Dallas

**11. BIRTHPLACE OF FATHER** (CITY OR TOWN).....  
(STATE OR COUNTRY) Kentucky

**12. MAIDEN NAME OF MOTHER** Majors

**13. BIRTHPLACE OF MOTHER** (CITY OR TOWN).....  
(STATE OR COUNTRY) Kentucky

**14. INFORMANT** Geo W Gross  
(Address) Union Star Mo

**15. FILED** 11/25 1927 E.C. Jeffers  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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**16. DATE OF DEATH** (MONTH, DAY AND YEAR) Nov 21 1927

**17.** I HEREBY CERTIFY, That I attended deceased from Jan 1, 1927, to Nov 21, 1927 that I last saw h. or w. alive on Nov 20, 1927, and that death occurred, on the date stated above, at 11 a m.

**THE CAUSE OF DEATH\*\* WAS AS FOLLOWS:**  
Cerebral hemorrhage

Arterio Sclerosis  
(duration) ..... yrs. .... mos. .... ds.

**CONTRIBUTORY (SECONDARY)**.....  
(duration) 5 yrs. .... mos. .... ds.

**18. WHERE WAS DISEASE CONTRACTED**  
IF NOT AT PLACE OF DEATH.....

**18** DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) E M Reynolds, M. D.  
11/22 1927 (Address) Union Star 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** Union Star **DATE OF BURIAL** Nov 24 1927

**20. UNDERTAKER** William Stanton **ADDRESS** Union Star

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.

**JAN 31 1928**

RECORD

