

APR 28 1930  
 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.

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

Do not use this space.

6088

1. PLACE OF DEATH

County Ray Co Mo  
 Township Richmond  
 City Courtesy (No. ....)

Registration District No. 744  
 Primary Registration District No. 5976 B

File No. ....  
 Registered No. 12  
 St. .... Ward

2. FULL NAME Lee Ross

(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

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-24 1930

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lula Ross

17. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1930 to Feb 24, 1930 that I last saw him alive on Feb 24, 1930 and that death occurred, on the date stated above, at 8 o'clock P.M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12-23-1857

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
72 2 1

Acute Dilatation of Heart

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Farmer  
 (b) General nature of industry, business, or establishment in which employed (or employer) .....  
 (c) Name of employer .....

CONTRIBUTORY (SECONDARY) Arterio-Sclerosis  
 (duration) .... yrs. .... mos. .... ds.

9. BIRTHPLACE (CITY OR TOWN) near Omick  
 (STATE OR COUNTRY) Ray Co Mo

18. WHERE WAS DISEASE CONTRACTED Ray Co Mo  
 IF NOT AT PLACE OF DEATH .....

10. NAME OF FATHER John Ross

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't Know  
 (STATE OR COUNTRY) .....

19. WAS THERE AN AUTOPSY? No

12. MAIDEN NAME OF MOTHER Betty Anderson

WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
 (Signed) E. E. Lay M. D.  
 19 (Address) Richmond Mo

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't Know  
 (STATE OR COUNTRY) .....

\*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.

14. INFORMANT Earl Ross  
 (Address) Camden Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL South Point Cemet  
 DATE OF BURIAL 2-25 1930

15. FILED Feb 25, 1930  
E. E. Lay REGISTRAR

20. UNDERTAKER V. V. Gibson  
 ADDRESS Omick Mo

