

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

Do not use this space.

16640

1. PLACE OF DEATH

County Lincoln
Township Harrison
City Elsberry (No. _____)

Registration District No. 486
Primary Registration District No. 4293

File No. _____
Registered No. 15
St. _____ Ward _____

2. FULL NAME Martin Alexander 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

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 16, 1914

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
16 2 20

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work laborer
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Elsberry Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Ben. E. Ross
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Hawk Point Mo.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Desrie Martin
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Elsberry Missouri
(STATE OR COUNTRY)

14. INFORMANT Ben Ross
(Address) Elsberry, Mo.

15. FILED 6/10 1930 C. S. Powell
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 6th 1930

17. I HEREBY CERTIFY That I attended deceased from Apr. 28 1930, to May 6 1930 that I last saw him alive on May 6th 1930, and that death occurred, on the date stated above, at 10 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Double lobar pneumonia

10 (duration) yrs. 2 mos. 9 ds.

CONTRIBUTORY (SECONDARY) 10 (duration) yrs. 2 mos. 9 ds.

18. WHERE WAS DISEASE CONTRACTED _____

IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

20. WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) C. E. Powell M. D.
Elsberry, Mo.
19 _____ (Address)

*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 Oak Ridge cemetery DATE OF BURIAL May 8 1930

20. UNDERTAKER Clifton Miller ADDRESS Elsberry 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.

