

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.

NOV 23 1931

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

Do not use this space.

33512

1. PLACE OF DEATH

County Andrew Registration District No. 24  
Township Sullivan Primary Registration District No. 6034  
City Mexico Mo (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 119

2. FULL NAME

Mary Ann Ross  
(a) Residence, No. R 705 Mexico Mo 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF <u>Widowed</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 24, 1846</u>		
7. AGE YEARS <u>85</u>	MONTHS <u>5</u>	DAYS <u>23</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Spinner</u>		11. Total time (years) spent in this occupation
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)		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 19th 1931

22. I HEREBY CERTIFY, That I attended deceased from 10-19- 1931 to 10-19- 1931  
I last saw her alive on 10-19- 1931 Death is said to have occurred on the date stated above, at 8:15 p.m.  
The principal cause of death and related causes of importance were as follows:  
Cardio Nephritis Date of onset \_\_\_\_\_  
95B  
1186 95B  
Other contributory causes of importance:  
Chronic Gastritis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sum County Pa.</u>
13. NAME <u>Josiah Dennis</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pa.</u>
15. MAIDEN NAME <u>Mary Jane Delaney</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pa.</u>
17. INFORMANT <u>Mary E. Collins</u> (ADDRESS) <u>Andrew Mo</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Elmwood</u> DATE <u>Oct 21 1931</u>
19. UNDERTAKER <u>H. A. Prull &amp; Son</u> (ADDRESS) <u>Mexico Mo</u>
20. FILED <u>Oct 21st</u> 19 <u>31</u> <u>Ira S. Milligan</u> Registrar

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Cerebral Was there an autopsy? No

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) J. Frank Jolley, M. D.  
(Address) Mexico Mo.

