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

Do not use this space.
40979

File No. 4967
Registered No.

1. PLACE OF DEATH
County: Jackson
Township: Kaw
City: Kansas City (No. St. Luke's Hospital St. Ward)
Registration District No.: 32
Primary Registration District No.: 1

2. FULL NAME: Shane Ross
(a) Residence, No. 3435 Benton Blvd. St., 14 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 8, 1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	8	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Painting & Decorating contractor
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): Ottawa Kansas

FATHER
13. NAME: Henry Ross
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

MOTHER
15. MAIDEN NAME: Lila Swarner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pennsylvania

17. INFORMANT: Mrs Reba Ross
(ADDRESS) 3435 Benton Blvd

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE: Mt. Moriah Cem DATE: 12-16-31

19. UNDERTAKER: Stice & McClure
(ADDRESS) 3235 Williams Pkwy

20. FILED: 12/14, 1931 M. M. Crowley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 14, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1931, to Dec 14-31, 19..
I last saw him alive on Dec 14, 1931. Death is said to have occurred on the date stated above, at 5/10 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis, following chronic perforation of duodenal ulcer complicated by an intestinal obstruction in previous mg uncl hernia.	

Other contributory causes of importance:

Name of operation: none Date of
What test confirmed diagnosis? autopsy Was there an autopsy? yes

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) E. L. Miller, M. D.
(Address) 1032 Professional Bldg. K.C. 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD