

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

Do not use this space.

23494

File No. _____
Registered No. 35
St. _____ Ward _____

1. PLACE OF DEATH
County Morgan Registration District No. 598
Township Morgan Primary Registration District No. 4355
City Versailles (No. _____) St. _____ Ward _____

2. FULL NAME Martha 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

3. SEX ♀ 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 Harvey M. Ross

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 11-1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 11 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

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) Morgan Co. 1

MOTHER FATHER
13. NAME Robert Bane
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia 2
15. MAIDEN NAME Martha Goodman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT Harvey M. Ross
(ADDRESS) Versailles, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Versailles DATE July 3 1932

19. UNDERTAKER W. F. Kidwell
(ADDRESS) Versailles, Mo.

20. FILED 7-2 1932 H. N. Letman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1 1932

22. I HEREBY CERTIFY That I attended deceased from Jan 1 1932 to July 1 1932
I last saw her alive on July 1 1932 Death is said to have occurred on the date stated above, at 3:45 P.M.

The principal cause of death and related causes of importance were as follows:
Carcinoma of Kidney Date of onset Recent

Other contributory causes of importance: none

Name of operation _____ Date of _____
What test confirmed diagnosis? Stained history 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? no
If so, specify _____
(Signed) A. J. Gunn M. D.
(Address) Versailles, 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.

100-1000

