

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

Do not use this space.

2783<sup>a</sup>

MAY 24 1933

1. PLACE OF DEATH  
 County Putnam Registration District No. 720  
 Township Liberty Primary Registration District No. 5907  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Melba Fern Ross  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) \_\_\_\_\_  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 10, 1933  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
20

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 20, 1933  
 22. I HEREBY CERTIFY That I attended deceased from Jan 1, 1933 to Jan 20, 1933  
 I last saw her alive on Jan 19, 1933 Death is said to have occurred on the date stated above, at 10 A. M.  
 The principal cause of death and related causes of importance were as follows:  
Failure to close of the femoral Artery of Heart  
 Date of onset 12th

Other contributory causes of importance:  
1570 1570

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Putnam Co. Mo  
 13. NAME Clarence Ross  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa  
 15. MAIDEN NAME Leona Crawford  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.  
 17. INFORMANT Clarence Ross  
 (ADDRESS) Concord, Mo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Concord, Mo DATE Jan 21, 1933  
 19. UNDERTAKER Husted & McClellan  
 (ADDRESS) Liberty, Mo.  
 20. FILED May 5, 1933 E. E. McClellan  
 Registrar

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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  
 (Signed) P. H. At \_\_\_\_\_, M. D.  
 (Address) Concord, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Enter statement of cause of death in plain terms.

