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

Do not use this space.

13034

File No. .....

Registered No. .....

1. PLACE OF DEATH

County ~~[illegible]~~ Grundy — Registration District No. 330

Township ~~[illegible]~~ — Primary Registration District No. 3017

City Trenton (No. ....., ... St. ..... Ward)

40 4 7

2. FULL NAME Betty Ross

(a) Residence, No. 1553 Cedar 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: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): unknown

7. AGE: about 70 YEARS Unknown | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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): Unknown

FATHER

13. NAME: Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): " "

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): " "

17. INFORMANT (ADDRESS): Dr. H. C. Kimberlin Trenton Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Maple Grove DATE: Apr 29 1933

19. UNDERTAKER (ADDRESS): Gipson Funeral Home Trenton Mo

20. FILED: 29 Apr 1933 E A Duffy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Apr. 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from X, 19....., to X, 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at about 1 A.M.

The principal cause of death and related causes of importance were as follows:

Death was ~~was~~ probably due to an organic heart lesion. No one present at time of death nor any one in medical attendance.

Date of onset

Other contributory causes of importance:

93B X 93B

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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 X

(Signed) Herbert C. Kimberlin, M. D.

(Address) Trenton, Missouri

County Coroner Grundy Co.

MAY 22 1933

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.