

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

Do not use this space.

11062

1. PLACE OF DEATH

County Madaway
Township Hughes
City Sp. in Thomas Gross (No. _____)

Registration District No. 622
Primary Registration District No. 5824

File No. _____
Registered No. 2
St. _____ Ward) _____

2. FULL NAME

(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 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M.</u>	4. COLOR OF RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Catharine Linnville</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 12 - 1898</u>		
7. AGE	YEARS <u>34</u>	MONTHS <u>8</u>
	DAYS <u>21</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	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	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Madaway Mo.</u>		
MOTHER FATHER	13. NAME <u>William Gross</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
	15. MAIDEN NAME <u>Sarah M. Grant</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Madaway Mo.</u>	
17. INFORMANT (ADDRESS) <u>Madaway Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Graves Cem</u> DATE <u>4/5 33</u>		
19. UNDERTAKER (ADDRESS) <u>Madaway Mo.</u>		
20. FILED <u>Apr 14 1933</u> <u>Mrs. E. L. Morgan</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 3 1933
22. I HEREBY CERTIFY, That I attended deceased from Apr 2 1933 to Apr 3 1933
I last saw him alive on Apr 3 1933 Death is said to have occurred on the date stated above, at 11:45 a.m.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset Apr 2/33
Diabetes Mellitus - 30 or more yrs
Chronic Nephritis - 15 or 20 yrs
Old Age

Other contributory causes of importance:
Diabetes Mellitus - 30 or more yrs
Chronic Nephritis - 15 or 20 yrs
Old Age

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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) Dr. Williams, M. D.
(Address) Madaway Mo.

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.

MAY 22 1933

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