JUL 11 1934

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

Do not use this space.

438

File No. 19580
Registered No. 717

1. PLACE OF DEATH
County: Buchanan
Registration District No.:
Township:
Primary Registration District No.:
City: St. Joseph Mo (No. State Hosp #2 St. Ward)

2. FULL NAME: G. Albert Gross
(a) Residence, No. 40 33 Mulberry St. Mo Ward. K.C. Mo
(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: M
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Year 1858

7. AGE: Years 76 Months unknown Days If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
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): Baltimore Maryland

FATHER
13. NAME: Charles Gross
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Baltimore Maryland

MOTHER
15. MAIDEN NAME: Jane Wagon
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Louisville Ky.

17. INFORMANT (ADDRESS): State Hospital Records St. Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Chillicothe Mo DATE: 6-20-34

19. UNDERTAKER (ADDRESS): Meinershagen Undertaking Co. Chillicothe Mo

20. FILED 6-20-1934 John R. Bender Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 20 1934

22. I HEREBY CERTIFY That I attended deceased from March 6, 1934, to June 20, 1934
I last saw him alive on June 20, 1934. Death is said to have occurred on the date stated above, at 1:50 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gen Paralysis of Insane	Indefinite
8 3	
10 13	
98	
Other contributory causes of importance:	
Gangrene right Leg	6-16-34

Name of operation: No Date of:
What test confirmed diagnosis? Clin & Clin Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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: None
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) J. E. Miles, M. D.
(Address) Sta Hosp No 2

B. E. ... 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.

...is properly classified. Exact statement of OCCUPATION is very important.

REGISTRAR WILL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 717

City St Joseph (No. State Hosp #2 St. Ward)

2. FULL NAME G Albert Gross

(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.

SUPPLEMENTARY

83

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE Black

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) M

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

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

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
abt 76			

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)

FATHER

13. NAME

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

MOTHER

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE , 19

19. UNDERTAKER (ADDRESS)

20. FILED 7-28 1934 John R Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20, 1934

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

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

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

Gen Paralysis of Insane

Other contributory causes of importance:

Gangrene of leg due to varicose veins

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

(Signed) , M. D.

(Address)

S-19580