AUG 27 1935

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

Do not use this space.

22917

1. PLACE OF DEATH
County Jackson
Township
City Independence (No. , St. Ward)

Registration District No. 398
Primary Registration District No. 3019

File No.
Registered No. 240

2. FULL NAME Willis Norman Gross
(a) Residence, No. 111 West Mittleton St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 18 yrs. — mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
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 Mary Gross.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 1 - [redacted] 1872

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
63	7	22	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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) La Plata Mo Macon county

FATHER
13. NAME Charles M Gross
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) La Plata Mo Macon county

MOTHER
15. MAIDEN NAME Margaret Griffin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) La Plata Mo Macon county

17. INFORMANT (ADDRESS) Ralph Gross 421 N Spring

18. BURIAL, CREMATION, OR REMOVAL
PLACE Floral Hills DATE July 23 1935

19. UNDERTAKER (ADDRESS) O H Mitchell Independence Mo

20. FILED 8-9- 1935 F. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 22 - 1935

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1935, to July 21, 1935
I last saw him alive on July 21, 1935. Death is said to have occurred on the date stated above, at 9:00 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis of Throat	
Starvation	
Emaciation	

Other contributory causes of importance:
Senility

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) Chas E. Nickson Jr., M. D.
(Address) Indep. 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.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.
Do not use this space.

1. PLACE OF DEATH
County Jackson — Registration District No. 398 — File No.
Township — Primary Registration District No. 8019 — Registered No. 540
City Independence (No. , St. Ward)

2. FULL NAME Willis Norman 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
m	w	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.
	63	7	22	

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 Sept 5, 1935 F. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19
I last saw him 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
Paralysis of Throat (Septic)	

Other contributory causes of importance:

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) Chas E. Nickson, M. D.
(Address) Indep Mo

SUPPLEMENTARY

SEP 2 1935

S-22917