

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

Do not use this space.

REC'D JUN 15 1938

1. PLACE OF DEATH

County Adair
 Township Salt River
 City Brashear (No. _____) St. _____ (Ward) _____

Registration District No. 4
 Primary Registration District No. 4001

File No. 17547
 Registered No. 80

2. FULL NAME Ronald Lee Ross 200

(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 M 4. COLOR OR RACE N 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 18" 1938

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>0</u>	<u>1</u>	<u>29</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>✓</u>	11. Total time (years) spent in this occupation _____
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>	
	10. Date deceased last worked at this occupation (month and year) _____	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brashear, Mo.

13. NAME Russell Ross

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adair Co. Mo.

15. MAIDEN NAME Cluda Goosey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adair Co. Mo.

17. INFORMANT Russell Ross
 (ADDRESS) Brashear, Mo.

18. BURIAL, CREMATION OR REMOVAL
 PLACE Brashear Cemetery DATE May 17 1938

19. UNDERTAKER F. R. Easley
 (ADDRESS) Brashear, Mo.

20. FILED May 21, 1938 Spencer Freeman
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17 1938

22. I HEREBY CERTIFY, That I attended deceased from May 17 1938 to May 17 1938
 I last saw him alive on about May 2 1938. Death is said to have occurred on the date stated above, at 12 m.
 The principal cause of death and related causes of importance were as follows:

was found dead in bed May 17.
Asphyxiation was probable cause of death.
 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? accid. Date of injury 5-17 1938
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) A. D. Humphrey, M. D.
 (Address) Brashear 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.

