REC'D JUN 23 1938

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

19088
Do not use this space.

1. PLACE OF DEATH
(a) County Dunklin
(b) Township
(c) City Lauthersville
Registration District No. 651
Primary Registration District No. 4388
Registered No. 50
(d) Street No. 3016 15th St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Hannah Ross. 200
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Black
5. ~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ (write the word): widowed
5A. IF ~~MARRIED, WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) ~~WIFE OF~~: widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 22, 1854
7. AGE: Years 83; Months 9; Days 6; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housework
9. Industry or business in which work was done, as saw mill, bank, etc.: Home
10. Date deceased last worked at this occupation (month and year): unknown
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ~~City~~ Hinds Co. Miss.

FATHER
13. NAME: Cy Ross.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

MOTHER
15. MAIDEN NAME: unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

17. INFORMANT: William L. Small
(ADDRESS) Lauthersville, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE County Cemetery DATE May 29, 1938
19. FUNERAL DIRECTOR (NAME) W. Mitchell Funeral
(ADDRESS) Lauthersville, Mo.
20. FILED May 28, 1938 Ada Martin
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28, 1938
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 11:00 a.m.
The principal cause of death and related causes of importance were as follows:

Old age and asthma
(Had no doctor)

Date of onset

Other contributory causes of importance: 110

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) Geo. Phipps Health Off., M. D.
(Address) Lauthersville, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.