

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

24877
 Do not use this space.

AUG 24 1939

1. PLACE OF DEATH
 (a) County Adair Registration District No. 4
 (b) Township Kirkville Primary Registration District No. 3001 Registered No. 188
 (c) City Kirkville (d) Street No. Laughlin Hospital Kirkville, Mo.
 (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 Milo Patrick Ross
 (a) Residence, No. 200 St. Hurdland - Mo.
 (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4/10/1873

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
66 4 0

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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/10 1939

22. I HEREBY CERTIFY, That I attended deceased from 8-2, 1939, to 8-10, 1939
 I last saw him alive on 8-10, 1939. 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:
Uremia
131
 Date of onset 8/2/39

Other contributory causes of importance:
Glomerular nephritis 1935

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adair County Missouri

FATHER
 13. NAME Enoch Ross
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Akron Ohio

MOTHER
 15. MAIDEN NAME Albina Townsend
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Akron Ohio

17. INFORMANT Harold Ross
 (ADDRESS) Hurdland Mo

18. BURIAL, CREMATION, OR REMOVAL I.O.O.F. Cemetery
 PLACE Hurdland, Mo DATE 8/12 1939

19. FUNERAL DIRECTOR (NAME) Geo. B. Easley
 (ADDRESS) Hurdland, Mo

20. FILED Aug 11 1939 Spencer L. Freeman
 Local Registrar.

Name of operation nose Date of
 What test confirmed diagnosis? lab. 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? No
 If so, specify
 (Signed) Wm H. Braver M. D.
Laughlin Hosp.
Kirkville, 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.

RECEIVED

District Health Officer No. 10

District File Number 7-39-1505

Date Filed August 21, 1939

Beard - Bennett
Fullerton

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, _____

Geo. B. Easley Jr.

_____, or by _____

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

Signed *Geo. B. Easley Jr.*

Licensed Embalmer No. 3755

P. O. Address Hurdland Mo

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

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