

SEP 17 1934

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

Do not use this space.

1. PLACE OF DEATH

39

County Greene
Township Murray
City _____ (No. _____, _____ Ward)

Registration District No. 323
Primary Registration District No. 6448

File No. 30751
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Mrs Mary M. Ross St., _____ Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>David W. Ross</u> <u>Widowed</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>August 18, 1855</u>				
7. AGE YEARS <u>12</u>	<u>81</u>	MONTHS <u>11</u>	DAYS <u>26</u>	IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Invalid 5 years</u>
	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) Greene County, Missouri.
(STATE OR COUNTRY)13. NAME Dr Oscar Robards14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY)15. MAIDEN NAME Rowena Whitlock16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY)17. INFORMANT Mrs Homer E. Bray
(ADDRESS) R. F. D. 2, Willard, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Wesley's Cemetery Aug. 15 193719. UNDERTAKER R. L. Greenwade Undertaking Co
(ADDRESS) Willard, Mo20. FILED Aug 28, 1937 Mrs. Ralph Hughes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8 / 14 / 193722. I HEREBY CERTIFY, That I attended deceased from 7 / 10 / 1937, to 8 / 14 / 1937, 1937.I last saw her alive on 8/11 / 1937, 1937. Death is said to have occurred on the date stated above, at 2.08 A.M.

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

Chronic Nephritis,
tubal.Date of onset
?

Other contributory causes of importance:

Chron. myocarditis?Name of operation none Date of _____
What test confirmed diagnosis? symptoms Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1937Where 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) R. L. Greenwade, M. D.
(Address) Bois D'Arc, Missouri.

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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