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

Do not use this space.

18047

File No. 1400

Registered No.

1. PLACE OF DEATH

County: Greene

Registration District No.: 318

Township:

Primary Registration District No.: 2001

City: Springfield (No. 2248 Ramsey St. Ward)

2. FULL NAME: Sarah E. Ross

(a) Residence. No. 2248 Ramsey 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: Female

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: J. J. Ross

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 17-1866

7. AGE: Years 61 | Months 2 | Days 9 | If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House-Wife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas

PARENTS

10. NAME OF FATHER: Joseph-Hickman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

12. MAIDEN NAME OF MOTHER: Narcissus —

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: J. J. Ross
(Address) Springfield. Mo.

15. FILED 6-27-1927 O C Hurst M.D.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 26 1927

17. I HEREBY CERTIFY, That I attended deceased from May 6, 1927, to June 26, 1927, that I last saw h... alive on June 15, 1927, and that death occurred, on the date stated above, at 9:00 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

9:00 A.M. Cerebral apoplexy (duration) yrs. mos. 20 ds.

CONTRIBUTORY (SECONDARY): Chr. Endocarditis (duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Home

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Arthur O Krapp, M.D.

6-27, 1927 (Address) 500 1/2 E. Court

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Green Lawn Cemetery | DATE OF BURIAL June 28 1927

20. UNDERTAKER: J. R. Lingner & Co | ADDRESS 426 E Court Springfield 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.

PHYSICIANS CONTRIBUTING THIS IS A PERMANENT RECORD