SEP 28 1927

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

Do not use this space.

24061

1. PLACE OF DEATH

County Lincoln — Registration District No. 314 — File No. 1

Township Cooper — Primary Registration District No. 5479 B — Registered No. 18

City Stanberry MO (No. ..... St. ..... Ward)

2. FULL NAME Elizabeth Shannon ROSS.

(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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widow.

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: Wm. P. Ross.

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 14 - 1855

7. AGE: Years 72, Months 2, Days 14, If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife.
(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): Stanton KY

PARENTS

10. NAME OF FATHER: Martin Crow.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): KY.
12. MAIDEN NAME OF MOTHER: Francis Langdon
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): KY.

14. INFORMANT (Address): Mrs Nettie Womack St Joseph

15. FILED 9-1 1927 C S Berndt REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug - 28 1927

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19....., that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 3.30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mitral Valves of Heart and Dropsy.
(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY): Flue
(duration) 2 yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) C H McCaslin, M. D
, 19 (Address) Stanberry MO.

*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: High Ridge Cemetery — DATE OF BURIAL: Aug 30 1927

20. UNDERTAKER: Laton F. Phillips — ADDRESS: Stanberry 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.

Dr. McCarlin

1-3-36

1-9-1851

1-8-1927