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

Do not use this space.

MAR 20 1928

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.

1. PLACE OF DEATH
County Morgan
Township ~~Morgan~~
City Versailles Mo.
Registration District No. 598
Primary Registration District No. 4355
File No. 5721
Registered No. 11
St. Ward)

2. FULL NAME James 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 Male
4. COLOR OR RACE Colored
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jane Meadows

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 29th 1856

7. AGE Years 72 Months — Days 16 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer
(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) Morgan Co Mo

PARENTS
10. NAME OF FATHER Don't Know
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Don't Know
12. MAIDEN NAME OF MOTHER Ellen Thurston
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Morgan Co Mo

14. INFORMANT Maggie Burris
(Address) Versailles Mo

15. FILED 7/16, 1928 H N Lutman REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 14th 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb 14, 1928, to Feb 14, 1928 that I last saw him alive on Feb 14, 1928, and that death occurred, on the date stated above, at 11 00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
~~Heart attack~~
Apoplexy
8 2 H
99 (duration) yrs. mos. 30 min ds.

CONTRIBUTORY (SECONDARY) arteriosclerosis
(duration) 2 yrs. 1 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED? 7421
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) S M Newton, M. D
Feb 14, 1928 (Address) Versailles 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 City Cemetery Versailles Mo
DATE OF BURIAL Feb 16 1928

20. UNDERTAKER Hm Kidwell
ADDRESS Versailles Mo