

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

Do not use this space.

9960

**1. PLACE OF DEATH**

County Madaway Registration District No. 6200  
 Township Hopkins Primary Registration District No. 4375  
 City Hopkins (No. .... St. .... Ward)

File No. ....

Registered No. 3

**2. FULL NAME**

Henry 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 54 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 white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Helen Whitcomb Ross

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 23 - 1849

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
78 | 2 | 25 -

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Retired farmer  
 (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) Hancock Co., Ill

**10. NAME OF FATHER**

Jacob Ross

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) Ill.

**12. MAIDEN NAME OF MOTHER**

Mary Capilright

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) Iowa

**14.**

INFORMANT Grace Ross  
 (Address) Hopkins, Mo.

**15.**

FILED 7/20 1928 O. H. Dwyer  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 18 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan. 18, 1917, to March 18, 1928, and that that I last saw him alive on March 18, 1928, and that death occurred, on the date stated above, at 8:00 P. M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Angina Pectoris 1-3-1  
129A 94-1  
 (duration) yrs. mos. ds. 20 months

CONTRIBUTORY (SECONDARY) Coronary Vascular Disease

depression (duration) 11 yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH? No

DID AN OPERATION PRECEDE DEATH? No DATE OF March

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical diagnosis

(Signed) Herman Will, M. D.

3/20, 1928 (Address) Hopkins 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**

**DATE OF BURIAL**

Hopkins Co., Hopkins, Mo Mar. 21 1928

20. UNDERTAKER A. J. Stithum ADDRESS Radford, Va

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.

1928

