

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis No. Mo Pac Hosp

Registration District No. 791
Primary Registration District No. 1003

File No. 22107
Registered No. 6281
St. Ward ()

2. FULL NAME

(a) Residence. No. St. 17 Ward. Greenleaf Kansas
(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 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 Martha Ross

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 4 - 1870

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
58 4 8

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Engineer
(b) General nature of industry, business, or establishment in which employed (or employer) Mo. Pac. R.R.
(c) Name of employer Co.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

10. NAME OF FATHER Samuel Ross

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

12. MAIDEN NAME OF MOTHER Harriet Butler

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

14. INFORMANT Mrs Martha Ross
(Address) Greenleaf Kansas

15. FILED JUN 12 1928 May C. [illegible]
19. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 12 19 28
17. 5:20 AM

I HEREBY CERTIFY, That I attended deceased from June 2, 1928, to June 12, 1928
that I last saw h. alive on June 12, 1928, and that death occurred, on the date stated above, at 5:20 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Embolism - e
Secondary Anaemia.

CONTRIBUTORY (SECONDARY) Malignancy - (Gastric)
(duration) yrs. mos. da.

(duration) yrs. mos. da.

18. WHERE WAS DEATH CONTRAINDICATED AT PLACE OF DEATH. 444A

DID AN OPERATION PRECEDE DEATH. No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) E. B. Woods, M. D.
19 (Address) Mo. Pac. Hosp.

*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

Greenleaf, Kan. 6-14-1928

20. UNDERTAKER Peety Bros 302 Lafayette
ADDRESS

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

Received
of the sum of 4 p. m.