

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

J. J. Jones
 Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... 1003
 City St. Louis (No.) Primary Registration District No.
 St. (Word)

File No. 25599
 Registered No. 7416

2. FULL NAME

Nelson Ross
 (a) Residence. No. 2112 Adams St., 22 Ward.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 12 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 Blk 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE Jennie Ross

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown 1875

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
abt 52 Unknown

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Isborn at
 (b) General nature of industry, business, or establishment in which employed (or employer) Armour & Co
 (c) Name of employer E. St. Louis

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

10. NAME OF FATHER Henry Ross

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

12. MAIDEN NAME OF MOTHER Mahalia Ross

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

14. INFORMANT Jennie Ross
 (Address) 2112 Adams St

15. FILED 17 1928 Wm C Starnett
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY That I attended deceased July 12 to July 13 and that I last saw him alive on July 13 and that death occurred, on the date stated above, at 12:00 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mitral Incompetency
92A
POW (duration) 1 yrs. 2 mos. 1 ds.
 CONTRIBUTORY (SECONDARY) (duration) yrs. mos. da.

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

8. DID AN OPERATION PRECEDE DEATH..... DATE OF.....

18. WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) J. J. Jones, M. D.
 Address 1637 1/2 31st Market

*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
Cooper Washington July 18 1928

20. UNDERTAKER H. H. Green ADDRESS 3517 Locust

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.

THIS IS A PERMANENT RECORD

