

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

Do not use this space.

32950

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125
Township 1 Primary Registration District No. 3009
City 1 (No. St. Francis Hospital) St. 1 Ward

File No. _____
Registered No. 10234

2. FULL NAME

Harney Ross
(a) Residence. No. 334 1/2 S. Stanton Ward. _____
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 22 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 Black 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct - 15 - 1880

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
48 0 9

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Labor
(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) Tenn.

10. NAME OF FATHER Ike Ross

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Don't Know

12. MAIDEN NAME OF MOTHER " "

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

14. INFORMANT Rose Ross (Address) Cape Girardeau, Mo.

15. FILED 10/26/28 W. Kauffman REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 24 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 24, 1928 to Oct 24, 1928 that I last saw her alive on Oct 24, 1928 and that death occurred, on the date stated above, at 5:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Fracture of pelvis with Displacement of Pelvic Acetabulum caused by accidental fall from ledge of rock in quarry. (duration) about 1 hr.

CONTRIBUTORY (SECONDARY) 185 2015 (duration) 72 201M da.

18. WHERE WAS DISEASE CONTRACTED 185
IF NOT AT PLACE OF DEATH: _____

0 DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? X-Ray
(Signed) George H. Walker, M. D.
10/25, 1928 (Address) Cape Girardeau, 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 Shady Grove Cemetery DATE OF BURIAL Oct 26 1928

20. UNDERTAKER Loehry F & H Co ADDRESS Cape Girardeau, 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.

