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

Do not use this space.

283

**1. PLACE OF DEATH**

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 40

City St Joseph (No. ..... St. ..... Ward)

**2. FULL NAME** Nathan Ross

(a) Residence. No. State Hosp #2 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. 29 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: C
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) ✓ 1877

7. AGE: YEARS 52 — MONTHS — DAYS unknown — If LESS than 1 day, ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Brick carrier
(b) General nature of industry, business, or establishment in which employed (or employer): unknown
(c) Name of employer: " "

9. BIRTHPLACE (CITY OR TOWN) ✓ unknown
(STATE OR COUNTRY) Okla

PARENTS

10. NAME OF FATHER ✓ unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ✓
(STATE OR COUNTRY) ✓ unknown
12. MAIDEN NAME OF MOTHER ✓ unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ✓
(STATE OR COUNTRY) ✓ unknown

14. INFORMANT Records State Hosp #2
(Address) St Joseph Mo

15. FILED JAN 11 1928 19 John G. Utz REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 5 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 7, 1928, to Jan 5, 1929, that I last saw him alive on Jan 5, 1928, and that death occurred, on the date stated above, at unknown m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Paresis 83 76 34

(duration) Not known yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Syphilis

(duration) Not known yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Serological

(Signed) R. J. Curtis, M.D.

Jan 5, 1929 (Address) State Hosp #2

*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: State Hos - No 2 Cem — DATE OF BURIAL: 1-11 1929

20. UNDERTAKER: B. F. Graves — ADDRESS: 806-S-17th

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.

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