

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

Do not use this space.

N. B.—Every item of information should be carefully supplied, as accuracy of same is essential. Particulars should be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PR 24 1929

1. PLACE OF DEATH  
 County Leape Kir Registration District No. 124 File No. 9810  
 Township Byrd Primary Registration District No. 4070 Registered No. 18  
 City Jackson (No. ....) St. .... Ward)

2. FULL NAME Rosa Annie 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 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 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 George Ross  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 19, 1863  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 65 4 19

8. OCCUPATION OF DECEASED 822  
 (a) Trade, profession, or particular kind of work Housewife 822  
 (b) General nature of industry, business, or establishment in which employed (or employer) .....  
 (c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Leape Kir Missouri  
 (STATE OR COUNTRY) mo

10. NAME OF FATHER Jacob Schwab

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

12. MAIDEN NAME OF MOTHER Annie Wagner

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

14. INFORMANT George Ross  
 (Address) Jackson mo

15. FILED 3-14-29 D. K. Huber  
 REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 8, 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1927, to Mar 8, 1929  
 that I last saw him alive on March 8, 1929, and that death occurred, on the date stated above, at 8 am

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Paralysis result of cerebral hemorrhage

(duration) 2 yrs. 1 mo. 8 ds.

CONTRIBUTORY (SECONDARY) none  
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED at home  
 NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? symptoms  
 (Signed) D. L. Stouffer, M. D.  
3-10-1929 (Address) Jackson 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 Umbeck Cemetery DATE OF BURIAL Mar 10, 1929

20. UNDERTAKER Cracroft & Miller ADDRESS Jackson mo

255  
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26  
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