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

Do not use this space.

10049

File No. .....
Registered No. 43

1. PLACE OF DEATH
County Cooper
Township .....
City Boonville (No. ..... St. ..... Ward)
Registration District No. 218
Primary Registration District No. 3015

2. FULL NAME Mrs. Mary O. Gross
(a) Residence. No. Mill Franklin Mo 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 Frank Gross
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 4 1891
7. AGE 38 YEARS | MONTHS 1 | DAYS 27 | If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....
9. BIRTHPLACE (CITY OR TOWN) Cooper Co
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Bosie Lang
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Mary Day
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

14. INFORMANT Mrs. Bosie Lang
(Address) Boonville Mo
15. FILED April 2 1929 H. R. Smith REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 31 1929
17. I HEREBY CERTIFY, That I attended deceased from March 25, 1929, to March 31, 1929 that I last saw h. on alive on March 31, 1929, and that death occurred, on the date stated above, at 8 p. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchopneumonia both lungs
(duration) ..... yrs. ..... mos. 4 ds.
CONTRIBUTORY (SECONDARY) Miscarriage
(duration) ..... yrs. ..... mos. 1 ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? N. Raden Mo
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical + X ray
(Signed) H. Ravenscroft, M. D
4.2, 1929 (Address) Boonville 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 Martinsville | DATE OF BURIAL Apr 7 1929
20. UNDERTAKER Chowdry-Meeter | ADDRESS Boonville

N. B.—Every item must be answered. If information is not known, state "Unknown." Be careful that the CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.