

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

Do not use this space.

22487

1. PLACE OF DEATH

County Franklin
Township Washington
City Washington (No.)

Registration District No. 297
Primary Registration District No. 2016

File No.
Registered No. 08
St. Ward

2. FULL NAME

(a) Residence. No. Burlington St. Ward
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U.S., if of foreign birth? 59 yrs. 8 mos. 14 ds.

PERSONAL AND STATISTICAL PARTICULARS

1. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wife of Frank J. Ross</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Nov 8 1870</u>		
7. AGE <u>59</u>	YEARS <u>8</u>	MONTHS <u>14</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>House wife</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u> </u> (c) Name of employer <u> </u>		

PARENTS	9. BIRTHPLACE (CITY OR TOWN) <u>Keizer, Mo</u> (STATE OR COUNTRY) <u>Franklin County</u>
	10. NAME OF FATHER <u>Mr Souder</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Germany</u> (STATE OR COUNTRY) <u> </u>
	12. MAIDEN NAME OF MOTHER <u>unknown</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>unknown</u> (STATE OR COUNTRY) <u> </u>

14. INFORMANT <u>Frank J. Ross</u> (Address) <u>Burlington, Mo</u>
15. <u>July 27 1930</u> <u>O. L. Munn</u> REGISTERAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 22 1930
17. I HEREBY CERTIFY, That I attended deceased from July 8 1930 to July 22 1930
that I last saw him alive on July 21 1930 and that death occurred, on the date stated above, at 3:05 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS
Access of Brain
17.4.15
78A (duration) yrs. mos. 10 ds.
CONTRIBUTORY Brain Offender
(SECONDARY) (duration) 3 yrs. mos. ds.

18. 117B THERE WAS DISEASE CONTRACTED Blac Bacterium
IN NOT A PLACE OF DEATH.
DID AN OPERATION PRECEDE DEATH? DATE OF July 8, 1930
WAS THERE AN AUTOPSY? No laboratory
WHAT TEST CONFIRMED DIAGNOSIS? Cerebral
(Signed) Robert B. Reilly M.D.
July 22 1930 (Address) Washington

*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 <u>St. Mary's Church</u> <u>Berkeley, Japan, Mo</u>	DATE OF BURIAL <u>July 24 1930</u>
20. UNDERTAKER <u>Pieburg & Pitt</u>	ADDRESS <u>Washington, Mo</u>

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

AUG 26 1930

