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

Do not use this space.

36442

1. PLACE OF DEATH

County Jackson — Registration District No. — File No.

Township Kaw — Primary Registration District No. — Registered No. 4854

City Kansas City (No. Trinity Lutheran Hospital St. Ward)

2. FULL NAME Gilbert V. Ross

(a) Residence. No. Box 95 St., Ward. Holiday Kans
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Mrs. Erma M. Ross

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 25 1872

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	58	9	4	

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

9. BIRTHPLACE (CITY OR TOWN) Bloomington
(STATE OR COUNTRY) Illinois

PARENTS

10. NAME OF FATHER William H. Ross
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Summerset
(STATE OR COUNTRY) Pennsylvania
12. MAIDEN NAME OF MOTHER Mary Gams
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Flagtown
(STATE OR COUNTRY) New Jersey

14. INFORMANT Mrs. Erma M. Ross
(Address) Kansas City, Mo. 5418 Holmes

15. FILED 12/1, 1930 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 29 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct. 29, 1930, to Nov. 29, 1930 that I last saw him alive on Nov. 29, 1930, and that death occurred, on the date stated above, at 8:50 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

ACUTE NEPHRITIS, WITH UREMIA
117A
130
118B (duration) — yrs. — mos. 2 ds.

CONTRIBUTORY (SECONDARY) GASTRO-ENTEROSTOMY, FOR ULCER (duration) OPERATION NOV. 27, 70 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH HOME
DID AN OPERATION PRECEDE DEATH? YES DATE OF NOV. 27, 1930
WAS THERE AN AUTOPSY? NO.
WHAT TEST CONFIRMED DIAGNOSIS? X-RAY & EXPLORATORY

(Signed) [signature], M. D.
Dec. 1, 1930 (Address) 607 SHUKERT BLDG.

*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	DATE OF BURIAL
Vault - Newcomer's ~~Elmwood~~	Dec 3. 1930
20. UNDERTAKER	**ADDRESS**
D. W. Newcomer's Sons	2111 E. 9th St.

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.

Dr. John Outland
Rialto Bldg
Dr. Maclay Lyon
507 Hilbert Bldg (Vi 3593)
2:30 - 4:30