

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

Do not use this space.

14141

**1. PLACE OF DEATH**

County Jackson  
Township How  
City K.C. Mo.

Registration District No. 384  
Primary Registration District No. 1004  
(No. 5716 Anderson Ave.)

File No. \_\_\_\_\_  
Registered No. 10550  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Arthur Tallas Moon Ross  
(a) Residence. No. 5716 Anderson St., 10 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Male | White | Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 30 1891

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>39</u>	<u>39</u>	<u>4</u>	<u>7</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work upholsterer  
(b) General nature of industry, business, or establishment in which employed (or employer) Furniture  
(c) Name of employer \_\_\_\_\_

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Mo.

**10. NAME OF FATHER**

Chas. H. Ross

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) Mo.

**12. MAIDEN NAME OF MOTHER**

Martha W. Sketon

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) Mo.

**14.**

INFORMANT Mrs. Martha W. Ross  
(Address) 15714 Anderson K.C. Mo.

**15.**

FILED 4/8 31 M. M. Cronin  
anon REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr - 7 - 1931

17. I HEREBY CERTIFY, That I attended deceased from Apr 4, 1931, to Apr 7, 1931, that I last saw him alive on Apr 7, 1931, and that death occurred, on the date stated above, at 3:00 PM m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Lobar pneumonia  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

**CONTRIBUTORY (SECONDARY)**

108  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

**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  
(Signed) Fred Stewen, M. D.

4/8, 1931 (Address) 804 Argyle

\*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**

W. Washington 4-9 1931

**20. UNDERTAKER**

**ADDRESS**

Mrs. C. L. Foster K.C. Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD  
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.

DA: 1-11-1961

Angyle Vi - 3277

120 S. Van Bunt. Be-1610