

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.

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

Do not use this space.

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1. PLACE OF DEATH
 21 County Chariton Registration District No. 173
 Township _____ Primary Registration District No. 5240
 City Praine Hill (No. _____) St. _____ Ward _____
 2. FULL NAME Mary 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec - 30 - 1931</u>		
7. AGE YEARS <u>✓</u>	MONTHS <u>✓</u>	DAYS <u>16</u> If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u> <u>1</u>		
FATHER	13. NAME <u>Harley Ross</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
MOTHER	15. MAIDEN NAME <u>Mary Baker</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
17. INFORMANT <u>Harley Ross</u> (ADDRESS) <u>Praine Hill Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Old Prairie</u> DATE <u>1-17-32</u>		
19. UNDERTAKER <u>Winkelmeier Bros</u> (ADDRESS) <u>Salisbury Mo</u>		
20. FILED <u>Jan 19 1932</u> <u>D. McAdams</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

1
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-16, 1932
 22. I HEREBY CERTIFY, That I attended deceased from Jan 13, 1932, to Jan 16, 1932
 last saw her alive on Jan 16, 1932 Death is said to have occurred on the date stated above, at 9 am.
 The principal cause of death and related causes of importance were as follows:
Bronchitis Pneumonia
107A
107A
 Other contributory causes of importance:
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) W. H. Hartman, M. D.
 (Address) Salisbury Mo

FEB 28 1932

