

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

Do not use this space.

1020

1. PLACE OF DEATH

County Jackson Registration District No. 385
 Township Kaw Primary Registration District No. 1002
 City Kansas City (No. Kansas City General Hosp) Registered No. 58 Ward

2. FULL NAME

Ruben Ross
 (a) Residence, No. 3824 Prospect St., 13 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

1 MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-6, 1932

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

22. I HEREBY CERTIFY, That I attended deceased from 1-4, 1932 to 1-6, 1932
 I last saw him alive on 1-6, 1932 Death is said to have occurred on the date stated above, at 11:55 P.M.
 The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 8-1899

Epidemic cerebra- spinal meningitis
 Date of onset 1-2-32

7. AGE YEARS 39 MONTHS 8 DAYS 28 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 253
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

Other contributory causes of importance:
18 18

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

FATHER 13. NAME Henry Ross

Name of operation None Date of

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

What test confirmed diagnosis? Was there an autopsy? no

MOTHER 15. MAIDEN NAME Mary Ross

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) Mrs Mary Ross

Manner of injury Nature of injury 1

18. BURIAL, CREMATION, OR REMOVAL PLACE Higsonville DATE Jan 8 1932

24. Was disease or injury in any way related to occupation of deceased?

19. UNDERTAKER (ADDRESS) Ross & Anderson

If so, specify (Signed) R. E. Williams, M. D.

20. FILED Jan 7 1932 M. M. Grove Registrar

(Address) Sup't K. Gen. Hosp. K. Mo.

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.

