

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

Do not use this space.

17018

31

1. PLACE OF DEATH
 79 County Perry Registration District No. 660
 2 Township Central Primary Registration District No. 4396
 6 City Perryville (No. _____) St. _____ Ward _____
 2. FULL NAME George John 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Mary J. Ross
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 22, 1888
 7. AGE YEARS 73 MONTHS 9 DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hotel Keeper, Pettus
 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 _____
 MOTHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Freshua, Perry County, Mo.
 FATHER 13. NAME John Ross
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10
 15. MAIDEN NAME Gertrude Dittel
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 17. INFORMANT Mrs. Mary J. Ross
 (ADDRESS) Perryville, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Freshua, Mo. DATE May 29, 1932
 19. UNDERTAKER (ADDRESS) Fellner - Young Linds. Co. Perryville, Mo.
 20. FILED May 25 1932 W. J. Mark Registrar

MEDICAL CERTIFICATE OF DEATH

2. 21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24 1932
 22. I HEREBY CERTIFY, That I attended deceased from Nov. 5 1931 to May 24 1932
 I last saw him alive on Apr. 1 1932. Death is said to have occurred on the date stated above, at 4:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Progressive muscular atrophy Date of onset 1926
81 81A
98C
 Other contributory causes of importance:
Cardio vascular sclerosis 1931
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? No
 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? No
 If so, specify _____
 (Signed) W. J. Mark M. D.
 (Address) 3147 S. Jefferson Av. St. Louis, Mo.

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.

JUN 24 1932

WRITE PLEASE WITH GRADING INSTRUMENTS. A PERMANENT RECORD

