

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.

JUL 21 1932

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Richman
Township St Joseph
City St Joseph (No. State Hosp # 2)

Registration District No. 85
Primary Registration District No. 1002

File No. 18715
Registered No. 549
St. _____ Ward _____

2. FULL NAME

(a) Residence No. Weatherby Mo St. Ward. Weatherby Mo
(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 M 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 Mrs Mallie Ross

6. DATE OF BIRTH (MONTH, DAY AND YEAR) about 1883

7. AGE YEARS 49 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. _____ min.

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

9. BIRTHPLACE (CITY OR TOWN) Arkansas (STATE OR COUNTRY) Arkansas

10. NAME OF FATHER Narcus Ross

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Indiana (STATE OR COUNTRY) Ind

12. MAIDEN NAME OF MOTHER Rosa Downing

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) De Bolt Mo (STATE OR COUNTRY) Mo

14. INFORMANT State Hospital Record (Address) St Joseph Mo

15. FILED _____ 19 _____ John R. Bender REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 4 1932
17. I HEREBY CERTIFY, That I attended deceased from June 4 1932 to June 4 1932 that I last saw him alive on June 4 6:30 1932 and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Brauchs Pneumonia
1974

CONTRIBUTORY (SECONDARY) Static Epilepsy (duration) yrs. mos. ds. 3
1074 (duration) yrs. mos. ds. 4

18. WHERE WAS DISEASE CONTRACTED 1074 IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS St Joseph Hospital (Signed) W. H. Hiley M.D. June 4 1932 Address St Joseph Mo

*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 Winston Mo DATE OF BURIAL 6/6 1932

20. UNDERTAKER H E Stroup ADDRESS Winston Mo

