

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.

NOV 28 1932

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

Do not use this space.

1. PLACE OF DEATH
 24 County Clay Registration District No. 198
 Township Fishy river Primary Registration District No. 3077
 City _____ (No. 3277a) St. _____ Ward _____

2. FULL NAME George Mitchell Gross
 (a) Residence, No. 343 E Kansas St., _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 31765
 Registered No. 131

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary E. Gross</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 25 - 1873</u>		
7. AGE	YEARS <u>59</u>	MONTHS <u>7</u>
	DAYS <u>3</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Stone mason</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>26</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Oct 1932</u>	
	11. Total time (years) spent in this occupation <u>29 yrs</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ray Co. Mo.</u>		
FATHER	13. NAME <u>James P. Gross</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ray Co. Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Maitha Sharp</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ray Co. Mo.</u>	
17. INFORMANT (ADDRESS) <u>Mary Gross</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Winston Mo</u> DATE <u>Oct 29 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Herbert Hope</u> <u>Excelsior Springs Mo</u>		
20. FILED <u>Oct 29 1932</u> <u>J. D. Craven</u> Registrar.		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 28 1932

22. I HEREBY CERTIFY That I attended deceased from Oct 28 1932 to Oct 28 1932
 I last saw him alive on Oct 28 1932 Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Stroke apoplexy Oct 19 32 (Date of onset)
420
115 B
920
113
113
 Other contributory causes of importance:
Endo cardiac of short duration, likely from bad teeth

Name of operation none Date of _____
 What test confirmed diagnosis? clinical Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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 J. D. Craven, M. D.
 (Signed) J. D. Craven
 (Address) Excelsior Springs, Mo.

