

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

Do not use this space.

1. PLACE OF DEATH

County Harrison

Registration District No. 389

Township Trail-Creek

Primary Registration District No. 4202

City Mt. Moriah (No. St. Ward)

File No. 29300

Registered No. 16

2. FULL NAME

Mary Eva Lee 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10/2/1920

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
12 2 20

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) Missouri (STATE OR COUNTRY) 1

13. NAME Garland Ross

14. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY) 9

15. MAIDEN NAME Jennie I. Carothers

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

17. INFORMANT Garland Ross (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE buried DATE 12/23 1932

19. UNDERTAKER M. Lambert (ADDRESS) Mt. Moriah Mo.

20. FILED 2/28 1932 Mrs. J. Sellers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/22 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 20 1932 to Dec 23 1932

I last saw her alive on Dec 22 1932 Death is said to have occurred on the date stated above, at 9:40 a.m.

The principal cause of death and related causes of importance were as follows:

Scarlet Fever

Date of onset 12/19/32

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 ✓ 1932

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) G. J. Sellers, M. D.

(Address) Mt. Moriah 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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

JAN 23 1933

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