

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

Do not use this space.

1229

1. PLACE OF DEATH  
 County Jackson Registration District No. 398  
 Township Blue Primary Registration District No. 3019  
 City Independence Sanitarium St. \_\_\_\_\_ (Ward)

File No. \_\_\_\_\_  
 Registered No. 2

2. FULL NAME Billie Albert Ross  
 (a) Residence, No. 822 S. Chrysler St. \_\_\_\_\_ Ward. \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 8 yrs. 10 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**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>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 13 - 1924</u>		
7. AGE	YEARS <u>8</u>	MONTHS <u>10</u>
	DAYS <u>17</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	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) (STATE OR COUNTRY) <u>Independence Missouri</u>		
MOTHER FATHER	13. NAME <u>Elbert A. Ross</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Meroka County Kansas</u>	
	15. MAIDEN NAME <u>Ethel S. Edson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cooper County Missouri</u>	
17. INFORMANT (ADDRESS) <u>Elbert A. Ross 822 S. Chrysler, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Joseph, Mo</u> DATE <u>Jan. 3 1933</u>		
19. UNDERTAKER (ADDRESS) <u>Dr. Mitchell Independence Missouri</u>		
20. FILED <u>Jan 3 1933</u> <u>Dr. F. L. Cook</u> Registrar.		

**5 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-2-1933  
 22. I HEREBY CERTIFY, That I attended deceased from 12-31-1932 to 1-2-1933, 1932  
 I last saw him alive on 1-2-1933 Death is said to have occurred on the date stated above, at 7-45 A.M.  
 The principal cause of death and related causes of importance were as follows:

ORBITAL influenza  
3/19  
25  
 Other contributory causes of importance:  
Broncho pneumonia (Influenza)  
 Date of onset 12/20/32

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 \_\_\_\_\_, 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 (See other side)  
 Nature of injury \_\_\_\_\_  
 24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify \_\_\_\_\_  
 (Signed) Frank Hausenilton M. D.  
 (Address) Independence

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.

this Boy - had a tubercular  
 tubercular at 2 years of age -  
 followed - at 2 1/2 to 3 yrs of age  
 with Pott's disease -  
 was kept on a Bradford frame  
 for over a year - Kyphosis  
 slight - a jury waist for  
 + Bone till 5 years -  
 this Boy was at Mercy Hospital  
 off and on for the last  
 first year -

Bowel

- Summary -
- History of direct infection T.B. - Pulmonary - tubercular
- (2) - Pott's disease - of spine -
  - (3) - general malnutrition
  - (4) - Influenza + Pneumonia -
- (Bow)