

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

Do not use this space.

2534

1. PLACE OF DEATH

74 County Sadaway Registration District No. 625
 9 Township Primary Registration District No. 2031
 7 City Maryville (No.) St. Ward)

2. FULL NAME

(a) Residence, No. St. Ward. (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>DEC 6 - 1932</u>		
7. AGE	YEARS	MONTHS
		DAYS
		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>Maryville Mo</u>		
FATHER	13. NAME <u>William Ross</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sadaway Mo</u>	
	15. MAIDEN NAME <u>Edua Hutchins</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Iowa</u>	
	17. INFORMANT (ADDRESS) <u>Jim Ross</u>	
18. BURIAL, CREMATION, OR REMOVAL		
PLACE <u>Oak Hill</u> DATE <u>1-9</u> 19 <u>33</u>		
19. UNDERTAKER (ADDRESS) <u>Price Family Maryville Mo</u>		
20. FILED <u>1-10</u> 19 <u>33</u> <u>Maudie E. Clardy</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 7 1933

22. I HEREBY CERTIFY That I attended deceased from Jan 7 1933 to Jan 7 1933
 last saw him alive on Jan 7 1933 Death is said to have occurred on the date stated above, at 10 P. m.
 The principal cause of death and related causes of importance were as follows:
Thymus troid
67 67
 Other contributory causes of importance:
 Name of operation Date of
 What test/confirmed diagnosis? Xray Was there an autopsy? No

23. If death was due to external cause (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 W.R. Jackson M. D.
 (Signed) Maryville, Mo.
 (Address) Maryville, Mo.

N. B.—Every item of information on this CAUSE OF DEATH in plain terms, so that it may be properly classified.

