

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

Do not use this space.

6597

1. PLACE OF DEATH

County Morgan
Township Morgan
City Versailles No. _____

Registration District No. 598
Primary Registration District No. 4355

File No. _____
Registered No. 7 St. _____ Ward _____

2. FULL NAME

Sola Mary Lee Ross

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>FM</u>	4. COLOR OR RACE <u>Col.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>(write the word)</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 16-1933</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.		11. Total time (years) spent in this occupation	
	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)			
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Versailles</u>				
FATHER	13. NAME <u>Richard Wm Ross</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Versailles</u>			
MOTHER	15. MAIDEN NAME <u>Louise Meachum</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tetowon, Mo.</u>			
17. INFORMANT <u>Richard Wm Ross</u> (ADDRESS) <u>Versailles, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Versailles, Mo.</u> DATE <u>Feb 16 1933</u>				
19. UNDERTAKER <u>W. F. Kidwell</u> (ADDRESS) <u>Versailles Mo.</u>				
20. FILED <u>2-16 1933</u> <u>N. N. Luman</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 15 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 19 1933 to Feb 15 1933, 1933
I last saw her alive on Feb 15, 1933 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:
Pneumonia
109A
109
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 _____, 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? _____
If so, specify _____
(Signed) St. shell M. D.
(Address) Versailles 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.

