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.

AUG 26 1933

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

Do not use this space.

1. PLACE OF DEATH
98 County Schuyler — Registration District No. 802 — File No. 25284
Township — Primary Registration District No. 4481 — Registered No.
1 3 City Downing (No. ..... St. ..... Ward)

2. FULL NAME Charles M. Ross

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. ~~IF MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Lena H. Ross

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 15-1876

7. AGE: YEARS 56 — MONTHS 10 — DAYS 16 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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) Brown Co. Ohio

FATHER
13. NAME Mitchell Ross
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
15. MAIDEN NAME Malissa Howland
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Lena H. Ross Downing Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Downing Cemetary DATE Aug 1 1933

19. UNDERTAKER (ADDRESS) Gerald Baskett Memphis Mo

20. FILED 8-1 1933 J. R. Bridge Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 16, 1932 to July 30, 1933
I last saw him alive on July 30, 1933. Death is said to have occurred on the date stated above, at 1300 m.
The principal cause of death and related causes of importance were as follows:

Cancer of Jaw & Neck — Date of onset

45

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) H. E. Gerwig, M. D.
(Address) Downing Mo