

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

Do not use this space.

26830

1. PLACE OF DEATH

51 County Johnson Registration District No. 431
 6 Township Primary Registration District No. 3023
 7 City Warrensburg (No.) St. Ward)

2. FULL NAME

E. M. Ross
 (a) Residence, No. 316 Grove 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Pauline Ross</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr. 30 - 1869</u>		
7. AGE	YEARS	MONTHS
	<u>64</u>	<u>3</u>
		DAYS
		<u>26</u>
		If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>City Assessor</u>		
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>Cooper Co. Mo.</u>		
13. NAME <u>J. H. Ross</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Tenn.</u>		
15. MAIDEN NAME <u>Hannah Hedley</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Tenn.</u>		
17. INFORMANT (ADDRESS) <u>W. D. Ross Ottleville, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sunset Hill</u> DATE <u>Aug. 27, 1933</u>		
19. UNDERTAKER (ADDRESS) <u>Sweeney Phillips Warrensburg, Mo.</u>		
20. FILED <u>Aug 26, 1933</u> <u>Wm R Patterson</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug - 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug, 1932, to Aug 26, 1933
 I last saw him alive on Aug 26, 1933. Death is said to have occurred on the date stated above, at 6:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Cancer of Intestines
primary location Caecum
 Other contributory causes of importance: 46

Name of operation none Date of.....
 What test confirmed diagnosis? X-ray Was there an autopsy? No

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? No
 If so, specify.....
 (Signed) Wm R Patterson, M. D.
 (Address) Warrensburg 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. OCT 20 1933

WRITE PLEASE WITH UNFADING INK—THIS IS A PERMANENT RECORD

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