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

Do not use this space.
36368

File No.
Registered No. 378

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

2. FULL NAME Dora Jane Ross
(a) Residence, No. 430 East Kansas 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*):
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 24 - 1933
7. AGE: Years — Months — Days 3 — 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) Independence Mo.

FATHER
13. NAME James W. Ross
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pittsburg Kan

MOTHER
15. MAIDEN NAME Dora Luther
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 29 miles south Independence Mo

17. INFORMANT (ADDRESS) Charles D. Ross 943 S. Noland Blvd Independence Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Brookside Cem. DATE Nov. 28 1933
19. UNDERTAKER (ADDRESS) Dave Mitchell Independence Mo.
20. FILED Nov. 27 1933 Dr. F. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 26 1933
22. I HEREBY CERTIFY, That I attended deceased from Nov 24, 1933, to Nov 24, 1933
I last saw he alive on Nov 26, 1933. Death is said to have occurred on the date stated above, at 10:30 P.m.
The principal cause of death and related causes of importance were as follows:

Enlarged thymus — Date of onset
67

Other contributory causes of importance:
none

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? No
If so, specify
(Signed) Chas. L. Nichols, M. D.
(Address) Independence 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD