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.

JAN 26 1934

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

Do not use this space.

40121

4926

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No.
City Kansas City (No. Research Hospital St. Ward)

2. FULL NAME Paul Eugene Gross
(a) Residence, No. Levasy, Mo. St., Ward. Levasy, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 6 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 29-1933
7. AGE — YEARS — MONTHS 8 DAYS 17 If LESS than 1 day, — hrs. or — min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Kansas City Mo

FATHER
13. NAME Dr Paul Gross
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper County Mo

MOTHER
15. MAIDEN NAME Milanda Mienershagen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Levasy Mo

17. INFORMANT (ADDRESS) Miss Lorene Gross 2220 Holmes St - K.C. Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Levasy DATE Dec, 18 33
19. UNDERTAKER (ADDRESS) W. M. Reppert Buckner
20. FILED Dec 16, 1933 Mm Crowe MO asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 16, 1933
22. I HEREBY CERTIFY, That I attended deceased from November 12, 1933, to December 16, 1933
I last saw him alive on Dec. 16, 1933. Death is said to have occurred on the date stated above, at 1:30 p.m.
The principal cause of death and related causes of importance were as follows:

Hydrocephalus (Congenital) 157A 157a — Date of onset at birth

Other contributory causes of importance:
Resperatory paralysis

Name of operation Excision Choroid Plexus Date of Dec. 16, 1933
What test confirmed diagnosis Clinical & operation 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) Frank R. Teachenor, M. D.
(Address) 1002 Argyle Bldg