OCT 26 1934

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

Do not use this space.

1. PLACE OF DEATH
County Miss
Township Cowapaty
City Charleston (No. ..... St. ..... Ward)

Registration District No. 566
Primary Registration District No. 3030

File No. 33444
Registered No. 136

2. FULL NAME Joe Ross
(a) Residence, No. Charleston Mo 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 M
4. COLOR OR RACE Coe
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Tony Ross

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 16 - 1878

7. AGE Years 56 Months 0 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. Public work
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) Savanah Tenn

FATHER
13. NAME Jones Ross
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

17. INFORMANT (ADDRESS) Willie Arrington Charleston Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Grove DATE Sept 20th, 1934

19. UNDERTAKER (ADDRESS) Private

20. FILED Sept 19, 1934 F S Vernon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 19th, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 15th, 1934 to Sept 19th, 1934
I last saw him alive on Sept 15th, 1934 Death is said to have occurred on the date stated above, at 11 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	2 yrs

23

Other contributory causes of importance: Chronic Bright's disease

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) Frank S Vernon, M. D.
(Address) Charleston Mo

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.

100M-11-24-33