

OCT 25 1934

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

Do not use this space.

36961

1. PLACE OF DEATH

County Shelby
Township Liberty
City

Registration District No. 676
Primary Registration District No. 5900

File No.
Registered No. 16
St. Ward

2. FULL NAME

Vera Fay Ross

(a) Residence, No. 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>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 29-34</u>		
7. AGE	YEARS	MONTHS
		DAYS
		If LESS than 1 day, hrs. or min.
	<u>3</u>	<u>15</u>
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	<u>none</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
<u>none</u>		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
<u>none</u>		<u>none</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Arlington Mo</u>		
FATHER	13. NAME <u>Percy Ross</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hooker Mo</u>	
MOTHER	15. MAIDEN NAME <u>Sala Thompson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Arkansas</u>	
17. INFORMANT (ADDRESS) <u>R. E. Bremer Newburg Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Arlington Mo</u> DATE <u>10/15/34</u>		
19. UNDERTAKER (ADDRESS) <u>J. P. Ross Acting Home Mo</u>		
20. FILED <u>10715</u> 19 <u>34</u> <u>B. T. Smith</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 4 1934

22. I HEREBY CERTIFY That I attended deceased from Oct 13 1934 to Oct 14 1934
I last saw her alive on October 14 1934. Death is said to have occurred on the date stated above, at 10 A m.
The principal cause of death and related causes of importance were as follows:
Fiber Pneumonia
193 119a
Other contributory causes of importance:
Cholera Infantum
- acute -

Name of operation none 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) R. E. Bremer, M. D.
(Address) Newburg 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.

