

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.

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

Do not use this space.

MAR 4 1935

4204

1. PLACE OF DEATH

County Wright Registration District No. 907
Township Pleasant Valley Primary Registration District No. 6220
City (No. _____) _____ St. _____ Ward _____

File No. _____
Registered No. 5

2. FULL NAME

Margery Ross
(a) Residence, No. Manassfield Mo. Ward _____
(Usual place of abode) _____ (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 38 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) Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 15 1897
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
38 12
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House 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) 1930 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) Wright Co (STATE OR COUNTRY) Mo

13. NAME William Newton
14. BIRTHPLACE (CITY OR TOWN) Kentucky (STATE OR COUNTRY)
15. MAIDEN NAME Nancy Whitaker
16. BIRTHPLACE (CITY OR TOWN) Kentucky (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) J. J. Davis

18. BURIAL, CREMATION, OR REMOVAL PLACE Newton Cem DATE Jan 28 1935

19. UNDERTAKER (ADDRESS) Kelley Undertaking Co Raymond Mo

20. FILED Jan 30 1935 J. M. H. Short Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 27 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 26 1935 to Jan 27 1935
I last saw him alive on Jan 26 1935 Death is said to have occurred on the date stated above, at 7 a. m.

The principal cause of death and related causes of importance were as follows:

Senility Date of onset _____
old and worn out see year
107
Other contributory causes of importance: Chronic Bronchitis see year

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

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) J. A. Fuson M. D.
(Address) Manassfield Mo

