

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

Do not use this space.

15328

**1. PLACE OF DEATH**

County Sullivan Registration District No. 849  
Township Buchanan Primary Registration District No. 6123  
City Maude No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 22  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Mrs. Maude 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 19, 1935

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

22. I HEREBY CERTIFY, That I attended deceased from Apr 17, 1935, to Apr 19, 1935  
I last saw her alive on Apr 17, 1935. Death is said to have occurred on the date stated above, at 3 o'clock a.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-9-1878

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>56</u>	<u>6</u>	<u>10</u>		

Biliary Calculi

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
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 \_\_\_\_\_

Other contributory causes of importance: None

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ma

13. NAME Eff Shoat

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

15. MAIDEN NAME Mattie Hinesy

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Frank Ross (ADDRESS) Genoville Mo.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE Genoville DATE 4-21 1935

24. Was disease or injury in any way related to occupation of deceased? No.

19. UNDERTAKER Green E. Kent (ADDRESS) Green City Mo.

If so, specify \_\_\_\_\_ (Signed) W. Huntington MD, M. D.

20. FILED May 5, 1935 Virginia Gibson Registrar.

(Address) Green City 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.

