

JUN 1 8 1935

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

Do not use this space.

15581

1. PLACE OF DEATH

County Boone  
Township Columbia  
City Columbia

Registration District No. 73  
Primary Registration District No. 3016

File No. \_\_\_\_\_  
Registered No. 93  
Ward \_\_\_\_\_

2. FULL NAME Thos Robertt 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 Male 4. COLOR OR RACE W. 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) 4-28-1935

7. AGE YEARS MONTHS DAYS 3 If LESS than 1 day, hrs. or min.

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

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) Boone County Mo.

13. NAME John A. Ross

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Joseph Mo

15. MAIDEN NAME Helen Robertt

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

17. INFORMANT (ADDRESS) John A Ross Columbia, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Columbia Cem DATE May 2 1935

19. UNDERTAKER (ADDRESS) Parker Turn Co. Columbia, Mo.

20. FILED 5711 1935 Allie Selby Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1 1935

22. I HEREBY CERTIFY, That I attended deceased from Apr 28 - 1935 to May 1 - 1935

I last saw him alive on Apr 20 - 1935 Death is said to have occurred on the date stated above, at 2:28 m.

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

Acquired Electrocution Date of onset Apr 28

Other contributory causes of importance: None

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

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

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

If so, specify \_\_\_\_\_

(Signed) W. P. Deport, M. D.

(Address) Columbia, 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.

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