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.

H. L. Wilbur

Do not use this space.

JUN 21 1935 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

16818

1. PLACE OF DEATH
County Jasper Registration District No. 411 File No.
Township Primary Registration District No. 2002 Registered No.
City Joplin (No. St. Johns Hospital St. Ward)

2. FULL NAME ~~Ross~~ Alonzo Ross.
(a) Residence, No. St., Ward. Golena Ks R.F.D. No. 1
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Lillian B Ross
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 19 1890
7. AGE: YEARS 45 MONTHS 11 DAYS 16 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. L & Z
10. Date deceased last worked at this occupation (month and year) 2 mo.
11. Total time (years) spent in this occupation 10 yrs

13

2 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ~~Mo~~ Arkansas

FATHER
13. NAME Philip Ross
2 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa.

MOTHER
15. MAIDEN NAME Mary J Atkins
2 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

17. INFORMANT (ADDRESS) Lillian Ross. Golena Ks. Route No 1
18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Trawby Mo DATE 5/5 1935
19. UNDERTAKER (ADDRESS) Harvey's Baxter Springs Ks
20. FILED 5-4, 1935 Ed D Jones Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1935, to May 3rd, 1935
I last saw him alive on May 3d, 1935. Death is said to have occurred on the date stated above, at 5:45 P.m.
The principal cause of death and related causes of importance were as follows:
Carcinoma of Pancreas

Date of onset

Other contributory causes of importance:

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?
If so, specify
(Signed) H L Wilbur, M. D.
(Address) Joplin Mo