

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

Do not use this space.

JUL 26 1935

20735

1. PLACE OF DEATH

County Putnam Registration District No. 717
Township Medmore Primary Registration District No. 5946
City (No. _____) St. _____ Ward _____

File No. ~~117~~
Registered No. 3

2. FULL NAME

Dora Elizabeth 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 Female 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 Charley Ross
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 24-1878
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
56 11 14

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse 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) _____ 11. Total time (years) spent in this occupation _____

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

FATHER
13. NAME Williams Owens

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

MOTHER
15. MAIDEN NAME Sarah Galoby

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

17. INFORMANT (ADDRESS) Charley Ross
Lucerne, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACES Lucerne Mo DATE June 12, 1935 Burial

19. UNDERTAKER (ADDRESS) F. O. Husted & Son
Amour, Mo.

20. FILED June 22, 1935 Elizabeth Studabaker
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 9, 1935
22. I HEREBY CERTIFY That I attended deceased from June 15th 1935 to June 21st 1935
I last saw her alive on June 9th 1935. Death is said to have occurred on the date stated above, at 6:30 m.

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

Hematemesis
No
Other contributory causes of importance:
Supposed cancer of the stomach.

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 _____

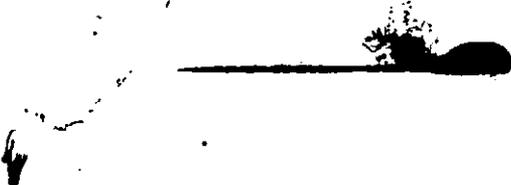
24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) H. Steele, M. D.
(Address) Lucerne Mo

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.

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