NOV 21 1935

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

Do not use this space.

32737

1. PLACE OF DEATH
County: Jackson — Registration District No.: 399
Township: — Primary Registration District No.: 1007
City: K. C. Mo. (No.: General Hosp. #2 St.: 3rd Ward)

File No.:
Registered No.:

2. FULL NAME: Ralph Ross
(a) Residence, No.: 2516 Euclid 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: Colored
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): 5-14-1909
7. AGE: Years 26 Months 4 Days 27 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Porter
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): Kansas

FATHER
13. NAME: Lee Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lee Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Record Clerk
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Westlawn DATE: Oct. 14 1935
19. UNDERTAKER (ADDRESS): Nathan W. Thalheim 1520 W. 5th St.
20. FILED 10-14 1935 M. M. Crawford Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 10-11 1935
22. I HEREBY CERTIFY, That I attended deceased from 9-12 1935 to 10-11 1935
I last saw him alive on 10-11 1935 Death is said to have occurred on the date stated above, at 7:50 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Advanced	
Pulmonary	
Tuberculosis	

Other contributory causes of importance:
With Right Pneumothorax

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

23. If death was due to external cause (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) C. S. Dower M. D.
(Address) General Hosp. #2

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

M-3-28-35