

MAR 21 1936

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

Do not use this space.

6059

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. _____
Township Kaw Primary Registration District No. 1002 Registered No. 874
City Kansas City, Mo. (No. 39th Ave. - North-East Hospital) Ward _____

2. FULL NAME

Thomas Jefferson Gross

(a) Residence, No. 2112 1/2 East 39th St. Ward _____ (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 13 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Victoria Gross
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 23, 1856
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
79 8 24
8. Trade, profession, or particular kind of work done, as spinning, sawyer, bookkeeper, etc. Retired Grocer
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. 32

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon Co. Mo.

13. NAME Noah Gross

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

15. MAIDEN NAME Polly Sears

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

17. INFORMANT (ADDRESS) Mrs Victoria Gross 2112 1/2 E 39th St Kansas City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Callao, Mo. DATE 2-20-1936

19. UNDERTAKER (ADDRESS) Person Funeral Home 218 1/2 N. M. Grove

20. FILED 7 18 36 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 7, 1936, to Feb. 17, 1936
I last saw him alive on Feb. 17, 1936. Death is said to have occurred on the date stated above, at 4:20 P.M.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
8221

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) John L. Heuler
(Address) 620 Bernington

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.

