

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.

APR 20 1936

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 396
Township Port Osage Primary Registration District No. 5502
City Levasy (No. _____) St. _____ Ward _____

10418

File No. _____
Registered No. 7

2. FULL NAME Mrs. Christina Susannah Gross

(a) Residence, No. Levasy Mo St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 7 mos. _____ ds. _____
How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND (OR) WIFE OF Justus Gross
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 17, 1856
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
79 5 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Boonville Missouri

13. NAME Frederick Metz
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Katherine Kratz
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mrs. Lizzie Bierbaum
(ADDRESS) Levasy, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Bonehill Cem DATE Mch. 11, 1936
Levasy Mo

19. UNDERTAKER Vernon M. Peppert.
(ADDRESS) Buckner Mo.

20. FILED 4-10 1936 N. B. Brunschwitt
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mch. 9, 1936 1936
22. I HEREBY CERTIFY, That I attended deceased from Mar 6, 1936, to Mar 9, 1936
I last saw her alive on Mar 8, 1936. Death is said to have occurred on the date stated above, at 6:00 AM
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
Date of onset Mar 6 1936
Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? X Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? X Date of injury X, 1936
Where did injury occur? X
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury X
Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) John W. Brunschwitt, M. D.
(Address) Buckner, Mo.

