

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.

JUL 18 1936

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

Do not use this space.

18982

1. PLACE OF DEATH

County Cooper  
Township Otterville  
City                      (No.                     )

Registration District No. 27  
Primary Registration District No. 8307

File No.                       
Registered No.                       
St.                      Ward                     

2. FULL NAME

Mary E 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 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>                    </u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr 20 - 1888</u>		
7. AGE	YEARS	MONTHS
<u>88</u>	<u>1</u>	<u>                    </u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation <u>                    </u>
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) <u>                    </u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bowling Green, Mo</u>		
13. NAME <u>Robt E Ross</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>State of Kentucky</u>		
15. MAIDEN NAME <u>Minerva Potter</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>State Missouri</u>		
17. INFORMANT (ADDRESS) <u>Jas Thomas, Clinton City, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oliver Branch-Bearwood</u> DATE <u>5-21-36</u>		
19. UNDERTAKER (ADDRESS) <u>A. F. Neumeyer, Clinton, Mo</u>		
20. FILED <u>11-4-36</u> <u>W. H. Tope</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-19-1936

22. I HEREBY CERTIFY, That I attended deceased from 2-15, 1936, to 5-19, 1936. I last saw her alive on 5-10, 1936. Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:  
Chronic 7 Myo Carditis 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) W. H. Tope, M. D.  
(Address) Clinton, Mo

