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.

JUN 23 1936

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

Do not use this space.

19299

1. PLACE OF DEATH
County Jackson Registration District No. 395
Township Eni-a-bar Primary Registration District No. 5551A
City Blue Springs R.F.D. (No. ..... St. ..... Ward)

File No. .....
Registered No. .....

2. FULL NAME Mary Anetta Gross
(a) Residence, No. St. Blue Springs Mo. R.F.D. 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): Widowed.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Willis Norman Gross
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 22 - 1876
7. AGE: YEARS 59 MONTHS 11 DAYS 4 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
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): La Plata Mo.

FATHER
13. NAME: Robert T. Davidson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): La Plata, Mo.

MOTHER
15. MAIDEN NAME: Sarah Williamson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): La Plata Mo.

17. INFORMANT (ADDRESS): Charles Gross 602 N Osage, Indep. Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Floral Hill Cem DATE May 28 1936
19. UNDERTAKER (ADDRESS): Ott & Mitchell Independence, Mo.
20. FILED ....., 19....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 5/26, 1936
22. I HEREBY CERTIFY, That I attended deceased from April 27, 1936 to May 26, 1936
I last saw her alive on May 20, 1936. Death is said to have occurred on the date stated above, at 4:30 P.m.
The principal cause of death and related causes of importance were as follows:
Pernicious Anemia — Date of onset
Other contributory causes of importance: ✓ N/A
Name of operation ✓ Date of .....
What test confirmed diagnosis? ✓ Was there an autopsy? No
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) C. E. Kruminger, M. D.
(Address) Independence Mo