

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.

SEP 23 1936

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

Do not use this space.

30701

1. PLACE OF DEATH

County Hennry Registration District No. 358 File No. _____
Township Beairstown Primary Registration District No. 5503 Registered No. 14
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

James L. Ross
(a) Residence, No. Beairstown Mo Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 5 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 Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Carrie Ross
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 26-1870
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 1 22

OCCUPATION

8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. Farmer
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 Life

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

FATHER 13. NAME Newton S. Ross

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

MOTHER 15. MAIDEN NAME Elizabeth Coate

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

17. INFORMANT (ADDRESS) Nelson Mc Justice Beairstown Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Carrollville Mo 8-20-36

19. UNDERTAKER (ADDRESS) Fred Wilkinson Beairstown Mo

20. FILED 8-23-36 E. H. Tibber Registrar.
By daughter.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-18-1936

22. I HEREBY CERTIFY, That I attended deceased from April 1936 to Aug 18 1936
I last saw him alive on August 19 1936 Death is said to have occurred on the date stated above, at 10:15 PM
The principal cause of death and related causes of importance were as follows:

Chronic myocarditis Date of onset 1935
702
Other contributory causes of importance: _____

Name of operation None Date of _____
What test confirmed diagnosis? clinical 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? No
If so, specify _____

(Signed) J. B. Hughes M. D.
Clinton, Mo.
(Address) _____

