DEC 18 1936

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

Do not use this space.

40446

File No.
Registered No. 1426

1. PLACE OF DEATH
County: Buchanan
Registration District No.
Township
Primary Registration District No. 1000
City: St. Joseph, (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME: Kermit Ward Ross

(a) Residence, No. St., Ward. Mt. Moriah, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 0 yrs. 0 mos. 2 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: Leora Ross

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar. 27, 1909

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
27	7	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, 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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mt. Moriah, Mo.

FATHER
13. NAME: Chas. M. Ross
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mt. Moriah, Mo.

MOTHER
15. MAIDEN NAME: Elizabeth Black
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Withville, Va.

17. INFORMANT: Chas. M. Ross
(ADDRESS) Mt. Moriah, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Moriah, Missouri DATE ~~Dec~~ Nov. 18, 1936

19. UNDERTAKER: Walter Meierhoffer
(ADDRESS) 1302 Faraon St. St. Joseph, Mo.

20. FILED Nov 17 1936 R J Westbrook
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 14th, 1936, to Nov 16, 1936
I last saw him alive on Nov 16, 1936 Death is said to have occurred on the date stated above, at 6.00 m. P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis general	11-16
Hypostasis, Pulmonary	11-16
Typhoid fever	10-19
Intestinal hemorrhage	11-13
Intestinal Perforation	11-16

Other contributory causes of importance:

Name of operation Closure of perforation Date of 11-16-36
What test confirmed diagnosis? Widal 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) Paul Jackson, M. D.
(Address) Tootle Bldg. St. Joseph, Mo.

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.

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