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.

JAN 29 1937

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

Do not use this space.

44554

1. PLACE OF DEATH
County Henry — Registration District No. 358 — File No.
Township Big Creek — Primary Registration District No. 5503 — Registered No. 16
City Chilhowee (No. RH1, St. Ward)

2. FULL NAME Wiley Cercey Ross
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 50 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 (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-24-1865
7. AGE: YEARS 71 — MONTHS 3 — DAYS 28 — If LESS than 1 day, hrs. or min.

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 life

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

FATHER
13. NAME Newton W. Ross
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nashville, Tenn.

MOTHER
15. MAIDEN NAME Cena E. Coats
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway Co., Mo

17. INFORMANT (ADDRESS) M. O. Ross Chilhowee, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Carrsville DATE Dec 23 1936
19. UNDERTAKER (ADDRESS) F. E. Wilkinson Clinton, Mo
20. FILED Dec 24 1936 E. G. Hibler Registrar By [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-22 1936
22. I HEREBY CERTIFY, That I attended deceased from 12-13, 1936, to 12-22, 1936
I last saw him alive on 12-20, 1936 Death is said to have occurred on the date stated above, at 6 P.M.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemoraye acute — Date of onset 12-21-36

Other contributory causes of importance: Enlarged Liver

Name of operation none — 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) J. B. Hampton, M. D.
(Address) Clinton Mo