JAN 22 1937

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

Do not use this space.

45656

File No.

Registered No. 142

1. PLACE OF DEATH

County Nodaway Registration District No. 628

Township Primary Registration District No. 3031

City Maryville (No. St Francis Hospital St. Ward)

2. FULL NAME George M. 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Jennie Ross

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 18, 1866

7. AGE: YEARS 70 | MONTHS | DAYS 7 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Insurance agent

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): Lexington, Mo.

FATHER

13. NAME: Wm. Ross

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER

15. MAIDEN NAME: Isifene Greshon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): France

17. INFORMANT (ADDRESS): Mrs. Jennie Ross, Quitman, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Quitman, Mo. DATE Dec. 27, 1936

19. UNDERTAKER (ADDRESS): Price Funeral Home, Maryville, Mo.

20. FILED 12-27 1936 Mamie E. Clardy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-26, 1936

22. I HEREBY CERTIFY, That I attended deceased from August, 1936, to Dec 26, 1936

I last saw him alive on Dec 25, 1936. Death is said to have occurred on the date stated above, at 2 30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	Dec 23 1936
Chronic Nephritis	1930
Hypertrophy of Prostate	1926

Other contributory causes of importance:

Senility

Chronic Myocarditis

Name of operation Prostatectomy Date of Dec 16, 1936

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? No

If so, specify

(Signed) B. F. Byland, M. D.

(Address) Burlington Jct. Mo.