

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

Do not use this space.

JAN 22 1937

45660

1. PLACE OF DEATH

County Nodaway
Township.....
City Maryville (No.....,St.Ward)

Registration District No. 626
Primary Registration District No. 2031

File No.....
Registered No. 140

2. FULL NAME Leo R. 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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 25, 1936

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

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 22? 1906

I last saw h..... alive on, 19..... Death is said to have occurred on the date stated above, at 6 AM m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 30 9 3

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck Driver.

Burns - external and internal - (Inhaled fumes + gas) Date of onset

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.....

Other contributory causes of importance: none.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Beffison, Mo.

13. NAME David P. Ross.

Name of operation none Date of.....
What test confirmed diagnosis? P.M. Exam Was there an autopsy? No

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nodaway Co. Mo.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 12-25, 1936
Where did injury occur? Maryville Mo. (Specify city or town, county, and State)

15. MAIDEN NAME Alice Pike.

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

Specify whether injury occurred in industry, in home, or in public place. Home -

17. INFORMANT David P. Ross. (ADDRESS) Maryville Mo.

Manner of injury Igniting fire with coal oil
Nature of injury General burns over 90% of body

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Mary's DATE Dec. 27 1936

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

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify.....
(Signed) James Lowred M. D.
(Address) Corona road Center Maryville Mo.

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

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

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

Do not use this space.

1. PLACE OF DEATH

County Nodaway
Township
City Maryville (No.)

Registration District No. 625
Primary Registration District No. 3031

File No.
Registered No. 140
St. Ward

2. FULL NAME

Leo R. Rose

(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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 25, 1936

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

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....
I last saw him alive on, 19..... Death is said to have occurred on the date stated above, at

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 30 9 3

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

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

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) If part time (years) spent in this occupation

Burns External and internal (Inhaled from gas)
Deceased escaped from a burning building, but returned & was over come by gas before he could be removed

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

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

15. MAIDEN NAME

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

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

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

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury

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 Jack Boulett M.D.
(Signed) Maryville Mo.
(Address)

CAUSE OF DEATH IN PLAIN TERMS, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SUPPLEMENTAL

S-45660