

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.

2. MAR 16 1937

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

Do not use this space.

1. PLACE OF DEATH Butler
 County Poplar Bluff. Registration District No. 89
 Township Poplar Bluff, Mo. Primary Registration District No. 5131
 City Poplar Bluff, Mo. (No. 102)
 2. FULL NAME Georgia Bell Ross
 (a) Residence, No. 12 Miles W Highway St. 60 Ward. 1
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

File No. 5246
 Registered No. 75
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 27-1936
 7. AGE YEARS 0 MONTHS 4 DAYS 25 If LESS than 1 day, _____ hrs. or _____ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 22, 1937
 22. I HEREBY CERTIFY, That I attended deceased from Jan 16 37 to Feb 16 37
 I last saw her alive on Feb 16 37 Death is said to have occurred on the date stated above, at 8.15 A.M.
 The principal cause of death and related causes of importance were as follows:

OCCUPATION
 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. Child
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Bilateral Lobar Pneumonia
 Date of onset 2/1/37
 Other contributory causes of importance: 108

12. BIRTHPLACE (CITY OR TOWN) Poplar Bluff (STATE OR COUNTRY) Missouri.

MOTHER FATHER
 13. NAME Monroe J Ross
 14. BIRTHPLACE (CITY OR TOWN) Grandin (STATE OR COUNTRY) Missouri.

MOTHER FATHER
 15. MAIDEN NAME Lulu Davidson
 16. BIRTHPLACE (CITY OR TOWN) Piedmont (STATE OR COUNTRY) Missouri.

17. INFORMANT Monroe J Ross (ADDRESS) Poplar Bluff, Mo.

18. BURIAL, CREMATION, OR REMOVAL Marble Hill Cem PLACE Poplar Bluff, DATE Feb 23 37

19. UNDERTAKER Frank Und Co. (ADDRESS) Poplar Bluff, Mo.

20. FILED 424 37 19 37 Oblitzinger Registrar.

Name of operation _____ 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? No
 If so, specify _____
 (Signed) J. H. Truher _____, M. D.
 (Address) Poplar Bluff Mo

