

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.

APR 20 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jasper  
Township Danville  
City Danville (No. ....)

Registration District No. 394  
Primary Registration District No. 4550

File No. 12187  
Registered No. 6  
St. .... Ward)

2. FULL NAME

Sarah A. Ross

(a) Residence, No. 4 Miles N. Danville St. .... Ward. ....  
(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)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Judge J.C. Ross</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 11, 1858</u>				
7. AGE	YEARS <u>78</u>	MONTHS <u>5</u>	DAYS <u>10</u>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>			
	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) <u>Petersburg Tennessee</u>				
MOTHER - FATHER	13. NAME <u>V. H. Green</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jasper</u>			
	15. MAIDEN NAME <u>Martha Wells</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>			
17. INFORMANT <u>Roy Ross</u> (ADDRESS) <u>Jasper, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Nashville, Tenn.</u> DATE <u>Mar 23, 1937</u>				
19. UNDERTAKER <u>WEBB CITY UNDERTAKING CO.</u> (ADDRESS) <u>Webb City, Mo.</u>				
20. FILED <u>Apr. 10, 1937</u> <u>Thelma Hogan</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 18, 1937 to Mar 21, 1937  
I last saw him alive on Mar 19, 1937. Death is said to have occurred on the date stated above, at 6 a. m.  
The principal cause of death and related causes of importance were as follows:  
Chronic Bronchitis  
Date of onset

Other contributory causes of importance:  
Senility 106B

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?.....  
If so, specify.....  
(Signed) J. L. Lusk M. D.  
(Address) Webb City, Mo.

