McDaniel
MAY 17 1937

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

Do not use this space.

1. PLACE OF DEATH
County Harry
Township Flat Creek
City Cassville (No. ..... St. ..... Ward)

Registration District No. 29
Primary Registration District No. 5038

File No. 15595
Registered No. 32

2. FULL NAME Stewart Lewis Ross
(a) Residence, No. Cassville Mo 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

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Eliza A Ross Dec'd

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 9th 1851

7. AGE: 85 YEARS, 10 MONTHS, 5 DAYS. 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.: retired
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): Iowa

FATHER
13. NAME: James Ross
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): D K

MOTHER
15. MAIDEN NAME: D K
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): D K

17. INFORMANT (ADDRESS): Geo Ross Cassville Eagle Rock R

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Bowyer Cemetery DATE Apr 15, 1937

19. UNDERTAKER (ADDRESS): Hanie - Culver Cassville Mo

20. FILED 5-10, 1937 Geo Newman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 14th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr. 11, 1937, to Apr. 14, 1937
I last saw him alive on Apr 14, 1937. Death is said to have occurred on the date stated above, at 2:10 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	7/8/7

Other contributory causes of importance:
Common Cold

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) [illegible], M. D.
(Address) Cassville, Mo.

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.