

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.

MAY 31 1937

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

Do not use this space.

1. PLACE OF DEATH
100 County Shelton Registration District No. 881
Township Richland Primary Registration District No. 6070
City Shelton (No.) St. Ward

2. FULL NAME Willard Ross

(a) Residence, No. St. Ward
(Usual place of abode)
Length of residence in city or town where death occurred 1 yrs. mo. ds. How long in U. S., if of foreign birth? yrs. mo. ds. (If nonresident, give city or town and State)

File No. 17733
Registered No.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 5 1915

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>22</u>	<u>0</u>	<u>29</u>	

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3 1937

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 50 m.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Work for

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) Indian Mound Tennessee

MOTHER

13. NAME Ellen B Ross

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indian Mound Tennessee

15. MAIDEN NAME Jessie Lewis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oak Wood Tennessee

17. INFORMANT (ADDRESS) Ernest H Lewis Shelton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Legale Home DATE May 5 1937

19. UNDERTAKER (ADDRESS) A. Welch Shelton Mo

20. FILED 5-6 1937 R. W. Presnell Registrar.

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

Skull fracture caused by auto wheel with motor cycle on US highway no 60 in city Shelton

Date of onset

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? g 10 M 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 Person
(Signed) J. F. Neumeyer M. D.
(Address) Seist Co Shelton Mo

