

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

Do not use this space.

2262101

AUG 11 1937

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Jean Primary Registration District No. 1502
 City Warrensburg (No. KC Gen Hosp)
 Registered No. 2331 Ward
 2. FULL NAME Mike Ross
 (a) Residence, No. 1633 Bellview 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lorraine
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV 15 - 1881
 7. AGE YEARS 55 MONTHS 7 DAYS 20 If LESS than 1 day, hrs. or min.
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. not employed
 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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-5-37
 22. I HEREBY CERTIFY, That I attended deceased from 7-4-37 to 7-5-37
 I last saw him alive on 7-5-37 Death is said to have occurred on the date stated above, at 12:50 PM
 The principal cause of death and related causes of importance were as follows:
 Chronic Fibrosis Myocarditis, Hypertrophy and Dehydration of Heart
 Other contributory causes of importance: 93C
Intestinal obstruction
cause unknown

MOTHER FATHER
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Naples Italy
 13. NAME James Ross
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy
 15. MAIDEN NAME Rose Ross
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy
 17. INFORMANT Lorraine Ross
 (ADDRESS) 1633 Bellview
 18. BURIAL, CREMATION, OR REMOVAL PLACE Greenlawn DATE July 7 37
 19. UNDERTAKER (ADDRESS) John J. Foxworth
 20. FILED July 7 1937 M. D. Cerome
 Registrar.

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? yes
 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) A. F. De Maria M. D.
 (Address) Supt. K. C. Gen. Hosp.
W. E. Ross

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.

