

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

Do not use this space.

1. PLACE OF DEATH 11/18 1937

County Jackson  
Township Blue  
City Woods, Mo.

Registration District No. 399  
Primary Registration District No. 1002  
(No. K.C. U.B. Hospital)

File No. 38703  
Registered No. 1002  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Ross, Odessa

(a) Residence, No. 1730 Euclid St., Annex A Ward.

(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. 3 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF H. V. Wm. Ross.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 9, 1906

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
31 5 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Maid (unemployed)  
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) Topeka Kansas

FATHER 13. NAME Phillipine Bonnie

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

MOTHER 15. MAIDEN NAME Dale, Edna

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Trading Post Mo.

17. INFORMANT (ADDRESS) K.C. U.B. Hosp Woods, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Felds Cemetery DATE 10-14 1937

19. UNDERTAKER (ADDRESS) Hest, Ab. Pliny, James Dr. 1905 U. S. Rd.

20. FILED Oct 14, 1937 M. M. Cronin Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 8 1937

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1937, to Oct 8, 1937

I last saw h.c.r. alive on Oct. 8, 1937. Death is said to have occurred on the date stated above, at 7:50 A.M.

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

Pulmonary tuberculosis (Date of onset) 1 year

23

Other contributory causes of importance:

Name of operation Kidney & spleen Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? No (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury No  
Nature of injury No

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify \_\_\_\_\_  
(Signed) [Signature]  
(Address) [Address]

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.

