

NOV 17 1937

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

Do not use this space.

37384

1. PLACE OF DEATH

County Cass
Township Harris
City Harrisonville

Registration District No. 156
Primary Registration District No. 4090

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Ray Ralph Ross

(a) Residence, No. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 18 1908
7. AGE YEARS 29 MONTHS 3 DAYS 19 If LESS than 1 day, _____ hrs. or _____ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 7 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 30 1937, to Oct. 7 1937
I last saw him alive on Oct. 6 1937. Death is said to have occurred on the date stated above, at 2:30 a.m.

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

Peritonitis

Date of onset _____

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

Other contributory causes of importance: 2103M
Perforation of small intestine, as a result

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linn Co Kansas
13. NAME Ralph Ross
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buena Vista Mo
15. MAIDEN NAME Wilma Rose
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linn Co Kansas

Name of operation Saprotomy Date of Oct. 1, 1937
What test confirmed diagnosis? _____ Was there an autopsy? No

17. INFORMANT (ADDRESS) Ralph Ross Harrisonville Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Lafayette DATE 10-9-37

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 9/30/37 19____
Where did injury occur? Mo. State Highway 71
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. State Highway 71
Manner of injury Car spinning over
Nature of injury Crushing injury of aorta

19. UNDERTAKER (ADDRESS) Archer A. Mansfield Harrisonville Mo
20. FILED Nov 10 37 Registrar.

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) J. D. Triplett, M. D.
(Address) Harrisonville Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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