REC'D MAR 17 1938

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

Do not use this space.

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1. PLACE OF DEATH
County Jackson
Township Prarie
City Jackson Co. Home
Registration District No. 400
Primary Registration District No. 5553B
File No. 7000
Registered No. 37
48
St. Ward)

2. FULL NAME Charles Leroy Ross 200 (Charles Leroy Ross)
(a) Residence, No. 2419 E 9th St. 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 8 1915

7. AGE — YEARS 22 — MONTHS 4 — DAYS 5da — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unk.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer
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) Waverly Missouri

FATHER
13. NAME Buell Ross
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fontaine, Kans

MOTHER
15. MAIDEN NAME Geneva Thomas
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marshall, Mo.

17. INFORMANT (ADDRESS) Ernest Jackson

18. BURIAL, CREMATION, OR REMOVAL
PLACE Woodlawn DATE 2-15/38

19. UNDERTAKER (ADDRESS) Cato & Spears Funeral Home Independence, Mo.

20. FILED Feb 24, 1938 William T. Fields Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-15, 1938, to 2/13, 1938
I last saw him alive on 2/11, 1938. Death is said to have occurred on the date stated above, at 3 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
mitral regurgitation	
92	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis Clinical Was there an autopsy? No

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? No
If so, specify .....
(Signed) J. W. Greene, M. D.
(Address) Independence Mo

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V. S. NO. 2
50M-10-22-36
I X9314

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.