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.

DATE OCT 25 1938

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

Do not use this space. 33001

266

1. PLACE OF DEATH
County Pettis — Registration District No. 668 — File No. ~~265~~
Township — Primary Registration District No. 3032 — Registered No. 668
City Sedalia (No. ..... St. ..... Ward)

2. FULL NAME Mary Matilda Gross
(a) Residence, No. 118½ W 3 St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 11, 1854

7. AGE: YEARS 83 — MONTHS 8 — DAYS 27 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home
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): Rochport Mo.

FATHER
13. NAME: Francis Dietrich 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Juliana Hesse 6
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Mrs E J Gross, Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemetery DATE 9-10- 1938

19. UNDERTAKER (ADDRESS): McLaughlin Bros Sedalia

20. FILED 9-10- 1938 [signature] Registrar. 664

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 8- 1938

22. I HEREBY CERTIFY, That I attended deceased from 9-5- 1938, to 9-6- 1938
I last saw her alive on 9-6- 1938. Death is said to have occurred on the date stated above, at 9 15 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia (Cerebral Hem)	9-4-38
paralysis R.S.	

Other contributory causes of importance: Arteriosclerosis

Name of operation: [illegible] 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) Alfred E Mower M. D.
(Address) 111 W 4 Sedalia Mo

RECEIVED
District Health Officer No. 8,
District File Number .....
Date Filed 10/12/58