

NOV 21 1938

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

35875
Do not use this space.

1. PLACE OF DEATH

(a) County Iron County Registration District No. 391
(b) Township Acadia Primary Registration District No. 5546a Registered No. 61
(c) City _____ (d) Street No. _____ St.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Elizabeth Ross

(a) Residence, No. _____ St. _____ (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Robert M Ross

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 27 1857

7. AGE YEARS 81 MONTHS I DAYS 7 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc. Retired
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) Illinois

13. NAME Peter Dennison

14. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Illinois

15. MAIDEN NAME Nancy Peckory

16. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Ill

17. INFORMANT Ette Simms (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL Ironton Mo. PLACE Ironton Mo. DATE Oct 6 1938

19. FUNERAL DIRECTOR Norman White & Sons (ADDRESS) Ironton Mo.

20. FILED Oct 13 1938 R.A. Rasche Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-4-38 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-4-38 2:00 P.M., to 10-4-38 6:00 P.M.

I last saw her alive on 10-4-38, 1938 Death is said

to have occurred on the date stated above, at 6:00 P.M.

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

lobar pneumonia

Date of onset

Other contributory causes of importance:

diabetes

Name of operation none 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? _____ Date of injury _____, 1938

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) George Gay, M.D. M. D.

(Address) Ironton, Missouri

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.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed.....

Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)