

AUG 7 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH24421
Do not use this space.

1. PLACE OF DEATH

(a) County JACKSON / Registration District No. 399
 (b) Township KAW Primary Registration District No. 1002 Registered No. 2634
 (c) or City KANSAS CITY (d) Street No. ST. LOUISE'S HOSPITAL St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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

MRS. ADA MAY BROSS
 (a) Residence, No. 4826 ROANOKE 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 WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. P. BROSS

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1 1875

7. AGE YEARS 64 MONTHS 1 DAYS 29 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Home
 9. Industry or business in which work was done, as 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) Wisconsin

FATHER 13. NAME Henry Gule

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

MOTHER 15. MAIDEN NAME Annie Lewis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wales

17. INFORMANT (ADDRESS) MR. W. P. BROSS
4826 ROANOKE

18. BURIAL, CREMATION, OR REMOVAL PLACE Pencines Valley DATE July 3 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) D.W. NEWCOMER'S SONS

20. FILED July 1 1939 M.M. Browne
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE 30 1939

22. HEREBY CERTIFY, that I attended deceased from July 17, 1939, to June 30, 1939.
 I first saw her alive on June 29, 1939. Death is said to have occurred on the date stated above, at 2:55 AM.
 The principal cause of death and related causes of importance were as follows:

Metastatic Lymphoma 1935
53

Other contributory causes of importance:

Primary Lymphoma 1937

Name of operation Partial removal Date of 1937
 What test confirmed diagnosis? Clutch Was there an autopsy? Yes

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 J.P. Broughman, M. D.
 (Signed) J.P. Broughman (Address) 1116 Prof. Bldg. K.C.M.

Professional Seal

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *E. M. Calhoun*
Licensed Embalmer No..... *3506*
P. O. Address..... *K. C. Mo*

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.)

If this body is not embalmed, above space should be left blank.