

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

10090
Do not use this space.

1. PLACE OF DEATH
 (a) County Barton Registration District No. 41
 (b) Township Ozark Primary Registration District No. 5065
 (c) City Liberal (Rural) (d) Street No. _____
 (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 60 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James Kelly Ross
 (a) Residence, No. Liberal, Mo., Rural 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 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 Maude Ross

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 8, 1869

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
70 5 25

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc. OWN farm
 10. Date deceased last worked at this occupation (month and year) Nov. 1936
 11. Total time (years) spent in this occupation 45 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

FATHER
 13. NAME James Ross

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

MOTHER
 15. MAIDEN NAME Sarah Hickman

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

17. INFORMANT (ADDRESS) Mrs. Maude Ross
Liberal, Mo., R.R.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mulberry, Kans DATE Mar. 5th, 1940

19. FUNERAL DIRECTOR (ADDRESS) Berkey Funeral Service
Mulberry, Kansas

20. FILED Mar. 12, 1940 F. R. Spell M.D.
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March, 3rd, 1940

22. I HEREBY CERTIFY that I attended deceased from Jan 1, 1939 to March 3rd, 1940
 I last saw him alive on March 2nd, 1940 Death is said to have occurred on the date stated above, at 4:30 P.M.
 The principal cause of death and related causes of importance were as follows:

Nephritis
Myo Carditis Chronic
Embolic hepatitis

Date of onset 3 yrs
4 yrs

Other contributory causes of importance
1248

Name of operation 1248 Date of _____
 What test confirmed diagnosis? clinical Was there an autopsy? _____

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?
 If so, specify _____
 (Signed) W. A. Smith, M. D.
 (Address) Mulberry

WHILE PRINTING, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

I X12004

RECEIVED

District Health Officer No. 6,

District File Number

440-920

Date Filed

APR

3 1940

STATEMENT BY LICENSED EMBALMER

I,

J. M. Berkey

Licensed Embalmer No.

2336

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

me

L. E.

No. or by

Registered Apprentice No.

working under my personal supervision.

Signed

J. M. Berkey

Licensed Embalmer No.

2336

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.)