

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

Do not use this space.

44550

JAN 29 1937

**1. PLACE OF DEATH**

County Henry  
Township Deepwater  
City Montrose (No. .... St. .... Ward)

Registration District No. 352  
Primary Registration District No. 5993

File No. ....  
Registered No. ....

**2. FULL NAME**

Clara Gross

(a) Residence. No. .... St. .... Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 14 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**

Ben Gross

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

May 27, 1842

**7. AGE**

YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
<u>94</u>	<u>7</u>		

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. At home.  
(b) General nature of industry, business, or establishment in which employed (or employer).  
(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Germany

**PARENTS**

**10. NAME OF FATHER** Mossbacher

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**  
(STATE OR COUNTRY) Unknown

**12. MAIDEN NAME OF MOTHER** Unknown

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**  
(STATE OR COUNTRY) Unknown

**14. INFORMANT** Kate Gross

(Address) Montrose Mo

**15. FILED** 12-29 1936 Mrs. Clara T. Harwood  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** Dec. 27 1936

**17. I HEREBY CERTIFY, That I attended deceased from** July 9, 1931, to Dec. 26, 1936, that I last saw her alive on Dec. 26, 1936, and that death occurred, on the date stated above, at 8 a. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Myocardial degeneration

**CONTRIBUTORY (SECONDARY)**

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH. ....

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

**\*WHAT TEST CONFIRMED DIAGNOSIS?**

(Signed) W. E. Baggerly, M. D.

12-27 1936 (Address) Montrose Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

Hopewell Cem

**DATE OF BURIAL**

12-29 1936

**20. UNDERTAKER**

F. Sannarty

**ADDRESS**

Montrose Mo

N. B.—Every item of information 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.

FEB 28 1958