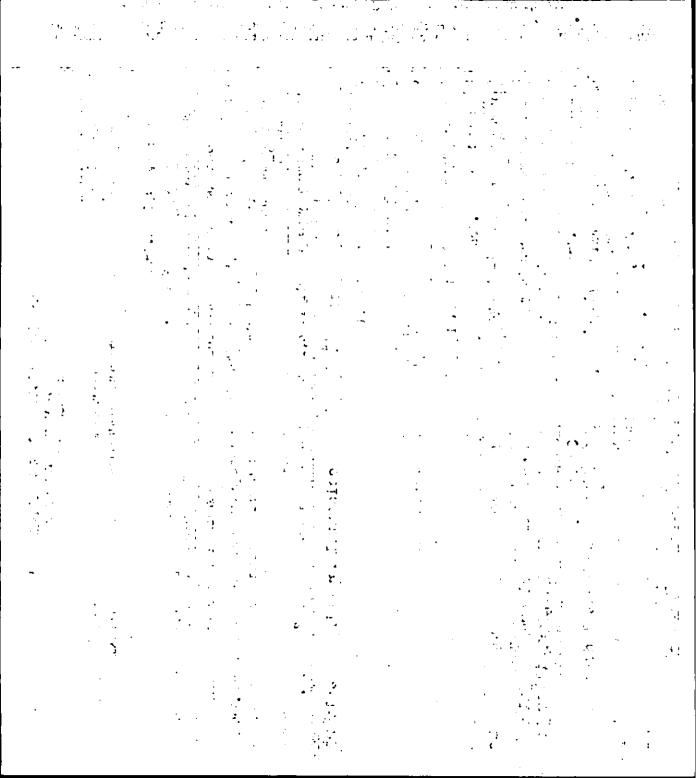
MISSOURI STATE BOARD OF HEALTH Do not use this space. BUREAU OF VITAL STATISTICS CTLY. PHYSICIANS should state f OCCUPATION is very important. AUG 12 1935 CERTIFICATE OF DEATH 23769County Miller File No..... Saline Primary Registration District No.... Registered No..... 2. FULL NAME Edwin E.Gross Enon. No. (a) Residence, No.. (Usual place of abode) (If nonresident, give city or town and State) Length of residence in city or town where death occurred TTS. mos. How long in U.S., if of foreign birth? mos. stated EXAC PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29th 193519 DIVORCED (write the word) Male White Singled I HEREBY CERTIFY, That I attended deceased from SA. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF . AGE should be classified. Exact (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 10th. 1915 to have occurred on the date stated above, at 7.645 ... Realf .. The principal cause of death and related causes of importance were as follows: 7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. Accidental Drowning 20 19 or .....min. 8. Trade, profession, or particular kind of work done, as spinner, supplied. properly cl CCUPATION Student sawyer, bookkeeper, etc..... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Date deceased last worked at this occupation (month and 11. Total time (years) spent in this Other contributory causes of importance: year)..... occupation..... Enon. 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) should I Name of operation... in plain terms, 14. BIRTHPLACE (CITY OR TOWN). What test confirmed diagnosis?...... Was there an autopsy?...... N. B.—Every item of information CAUSE OF DEATH in plain term (STATE OR COUNTRY) issour 23. If death was due to external causes (violence), fill in also the following: 15. MAIDEN NAME Tena Schneider Accident, suicide, or homicide?. accidentate of injury.july299 Where did injury occur? MOREAU ... OF COL. Miller CO. Mo (Specily city or town, county, and State) **Pilot Grove** 16. BIRTHPLACE (CITY OR TOWN)...... (STATE OR COUNTRY) Missouri Specify whether injury occurred in industry, in home, or in public place. Charles H.Gross 17. INFORMANT... - On Creek (ADDRESS) Manner of injury... 18. BURIAL CREMATION, OR REMOVAL California, Nature of injury. 24. Was disease or injury in any way related to occupation of deceased?..... G.N.Steffens 19. UNDERTAKER (ADDRESS) (Signed) Eldon Missouri



ALL INFORMATION CALLUM FOR MUST BE WRITTEN ON MISSOURI STATE BOARD OF HEALTH 11 G 11-Do not use this space. stated EXACTLY. PHYSICIANS should state statement of OCCUPATION is very important. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration District No.... File No..... Primary Registration District No. 5 Registered No.,.... City..... (a) Residence, No...... (Usual place of abode) (If nonresident, give city or fown and State) How long in U.S., if of foreign birth? Length of residence in city or town where death occurred TTS. mos. yrs. mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 5. SINGLE, MARRIED, WIDOWED, OR 4. COLOR OR RACE 21. DATE OF DEATH, (MONTH, DAY, AND YEAR) . 19.76 DIVORCED (upite the word) CERTIFY, That I attended deceased from 5A. IF MARRIED, WIDOWED, OR DIVORCED should be HUSBAND OF (OR) WIFE OF occurred on the date stated above, at...... 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) supplied. AGE shiproperly classified. The principal cause of death and related causes of importance were as follows: 7. AGE DAYS YEARS MONTHS 10 8. Trade, profession, or particular kind of work done, as spinner, OCCUPATION sawyer, bookkeeper, etc ..... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc...... ld be carefully that it may be 10. Date deceased last worked 11. Total time (years) spent in this this occupation (month occupation..... 12. BIRTHPLACE (CITY OR TOWN) should be (STATE OR COUNTRY) 13. NAME Name of operation..... Date of in plain terms, -Every item of information SE OF DEATH in plain term 14. BIRTHPLACE (CITY OR TOWN)...... (STATE OR COUNTRY) 23. If death was due to external causes (violence), fill in also the following: MOTHER 15. MAIDEN NAME Where did injury occur? (Specify city or town, county, and State) 16. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY) Specify whether injury occurred in industry, in home, or in public place. 17. INFORMANT...... (ADDRESS) Manner of injury 18, BURIAL, CREMATION, OR REMOVAL Nature of injury..... 24. Was disease or injury in any way related to occupation of deceased? If so, specify.... 19. UNDERTAKER (ADDRESS) . 1935 Belle Haynes Registrar

SEP 2 CO

5:23769