

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

Do not use this space.

1. PLACE OF DEATH

County Moniteau Registration District No. 1095
 Township Moreau Primary Registration District No. 5770
 City _____ (No. _____) St. _____ Ward _____

File No. 17011
 Registered No. _____

2. FULL NAME Minnie Ora 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 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George Gross

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April, 5, 1908

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
<u>29</u>	<u>0</u>	<u>0</u>	<u>21</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, 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) Cooper County
 (STATE OR COUNTRY) Missouri

13. NAME A. B. Potts

14. BIRTHPLACE (CITY OR TOWN) Cooper County
 (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Ora D. Martin

16. BIRTHPLACE (CITY OR TOWN) Moniteau County
 (STATE OR COUNTRY) Missouri

17. INFORMANT A. B. Potts
 (ADDRESS) Clarksburg, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE mt. mauiel DATE 4/27, 1937

19. UNDERTAKER J. C. Richards
 (ADDRESS) Clifton, Missouri

20. FILED 4-30, 1937 J. C. Martin
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April, 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 26, 1937, to April 26, 1937

I last saw him alive on April 26, 1937. Death is said to have occurred on the date stated above, at 10: A m. M.

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

Pneumonia (obscure) Date of onset _____

Other contributory causes of importance: 108

Name of operation _____ 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 _____, 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) G. S. Wilson, M. D.

(Address) Clarksburg, Mo.

WRITE PLAINLY, 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.

