

NOV 26 1930

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

Do not use this space.

33584

1. PLACE OF DEATH

County Monteau
Township Walder
City Monteau (No. 571)

Registration District No. 571
Primary Registration District No. 5769

File No. 56
Registered No. 56
St. 56 Ward

2. FULL NAME

(a) Residence No. John William Ross St. 56 Ward 56
(Usual place of abode)

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

Male

4. COLOR OR RACE

W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Single

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

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

Nov 1 - 1870

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

59

11

22

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Farmer

(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)

Monteau Co

10. NAME OF FATHER

Harold J. Ross

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

Tenn

12. MAIDEN NAME OF MOTHER

Sarah J. Wood

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

Monteau Co

14. INFORMANT (Address)

Mary Ross
California Mo

15. FILED

11/23/1930
Joe W. Keith
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 22 1930

17.

I HEREBY CERTIFY, That I attended deceased from

19 Oct 21, 19 30, and that I last saw him live on Oct 21, 19 30, and that death occurred, on the date stated above, at 8:15 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute ascending
Paralysis.

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) E. Palmer M. D.11/23, 1930 (Address) California

*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

Masonic Cemetery

DATE OF BURIAL

10/24 1930

20. UNDERTAKER

William F. Friedman
California

ADDRESS

NOTE: 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.

