

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

Do not use this space.

41981

1. PLACE OF DEATH
 County St. Francois Registration District No. 773
 Township " Primary Registration District No. 4464
 City Farmington (No. ") St. " Ward "

2. FULL NAME Mary J. Ross
 (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 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 7 - 1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 11 13

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

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) (STATE OR COUNTRY) Mo.

FATHER 13. NAME James Mc Clintock
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

MOTHER 15. MAIDEN NAME Elizabeth Robinson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) Jannie Ross Farmington Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mason County DATE Dec 22, 1931

19. UNDERTAKER (ADDRESS) Farmington Co. Farmington Mo.

20. FILED Dec 22, 1931 T. B. Robinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 20, 1931

22. I HEREBY CERTIFY, that I attended deceased from 10/1, 1930, to 12/20, 1931. I last/saw him alive on 12/20, 1931. Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
930
930

Other contributory causes of importance:
"

Name of operation " Date of "
 What test confirmed diagnosis? " 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) Chyde C. Wright, M. D.
 (Address) Farmington 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.

1932

