

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

Do not use this space.

10468

APR 25 1935

1. PLACE OF DEATH

County St. Louis Co. Registration District No. 790
 Township Central Primary Registration District No. 60333
 City Clayton (No. St. Louis Co. Hospital)
 St. _____ Ward _____

File No. _____
 Registered No. 111
 St. _____ Ward _____

2. FULL NAME

Matilda Ross
 (a) Residence, No. 6207 Ridge, Wellston 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married.</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Joseph Ross</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 6, 1865</u>		
7. AGE	YEARS <u>70</u>	MONTHS <u>2</u>
	DAYS <u>21</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at Home</u>	
	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) <u>Atton Ill.</u>		
FATHER	13. NAME <u>Anderson Scroggens</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>	
MOTHER	15. MAIDEN NAME <u>Catherine Batchelor</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT (ADDRESS) <u>Joseph Ross 6207 Ridge Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>MT. Lebanon Cem.</u> DATE <u>March 30, 1935</u>		
19. UNDERTAKER (ADDRESS) <u>Shepard Funeral Home 01167-69 Hamilton Ave</u>		
20. FILED <u>3/24</u> 19 <u>35</u> <u>John J. [Signature]</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-27-1935

22. I HEREBY CERTIFY, That I attended deceased from 3-11-1935, to 3-27-1935.
 I last saw her alive on 3-27-1935 Death is said to have occurred on the date stated above, at 9:45 P.M.
 The principal cause of death and related causes of importance were as follows:
Lobar pneumonia - hyperstatic
apoplexy & left hemiplegia
 Other contributory causes of importance:
None

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No 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? No
 If so, specify _____
 (Signed) P. H. Buss M. D.
 (Address) St. Louis Co. Hosp. Clayton, Mo.

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.

