

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

Do not use this space.

16379

1. PLACE OF DEATH  
 County Callaway Registration District No. 104  
 Township Fulton Primary Registration District No. 3008  
 City Fulton (No. ....) St. .... Ward .....

2. FULL NAME Henry 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. da. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 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 Bettie Gross

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10/25 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
61 6 21

8. OCCUPATION OF DECEASED P##  
 (a) Trade, profession, or particular kind of work Teacher of the Deaf  
 (b) General nature of industry, business, or establishment in which employed (or employer) Mo. School For the Deaf  
 (c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Mo.  
 (STATE OR COUNTRY)

10. NAME OF FATHER Albert Gross

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

12. MAIDEN NAME OF MOTHER Cathrine Tamm

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

14. Informant Miss Bessie Gross  
 (Address) R.F.D. Fulton Mo.

15. May 17 1928 R. N. Crews  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-16/ 1928

17. I HEREBY CERTIFY, That I attended deceased from around the body to the body, 19 28 that I last saw h. .... alive on ..... 19 28, and that death occurred, on the date stated above, at about 4 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Angina Pectoris(?)  
94 R 107  
 (duration) .... yrs. .... mos. .... da.  
 CONTRIBUTORY (SECONDARY) OP  
 (duration) .... yrs. .... mos. .... da.

18. WHERE WAS DISEASE CONTACTED  
 IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? no DATE OF X  
 WAS THERE AN AUTOPSY? viewed the body  
 WHAT TEST CONFIRMED DIAGNOSIS? C.H. Christian Coroner M. D.  
 (Signed) Fulton Mo, 19 (Address)

\*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 Hillcrest Cemetery DATE OF BURIAL 5/18 28

20. UNDERTAKER Herndon Taylor ADDRESS Fulton 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.

TRCT 22 1032