

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

PLACE OF DEATH

County of Griggs  
Township of \_\_\_\_\_  
or  
Village of \_\_\_\_\_  
or  
City of Coopers town

STATE OF NORTH DAKOTA

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

[If death occurred in a Hospital or Institution, give its NAME instead of street and number. If away from usual residence, give "Special Information" below.]

FULL NAME Royal Daniels Ross

PERSONAL AND STATISTICAL PARTICULARS

Sex <u>Male</u>	Color <u>White</u>
Date of Birth (Month) <u>August</u> (Day) <u>4</u> (Year) <u>1830</u>	
Age <u>82</u> years, <u>9</u> months, <u>18</u> days	
Single, Married, Widowed or Divorced <u>Widowed</u>	
Age at Marriage Number of Children	If married, age at (first) marriage <u>25</u> years. Parent of <u>6</u> children, of whom <u>1</u> are living.
Birthplace (State or country) <u>Vermont</u>	
Name of Father <u>Joseph Gerry Ross</u>	
Birthplace of Father (State or country) <u>Vt</u>	
Maiden Name of Mother <u>Loving Daniels</u>	
Birthplace of Mother (State or country) <u>Vt</u>	
Occupation <u>Teacher - Photographer + Farmer</u>	
The above stated personal particulars are true to the best of my knowledge and belief.	
(Informant) <u>Thomas C. Ross</u>	
(Address) <u>Coopers town</u>	

MEDICAL CERTIFICATE OF DEATH

Date of Death	(Month) <u>May</u>	(Day) <u>22</u>	(Year) <u>1913</u>
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I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 190\_\_\_\_, to \_\_\_\_\_ 190\_\_\_\_, that I last saw h.....alive on \_\_\_\_\_ 190\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ M. The CAUSE OF DEATH was as follows:

..... (Duration) ..... days

Contributory ..... (Duration) ..... days

(Signed) ..... M. D.

..... 190\_\_\_\_ (Address).....

Special Information only for Hospitals, Institutions, Transients or Recent Residents:

Former or Usual Residence..... How Long at Place of Death..... days

Where Was Disease Contracted, If Not at Place of Death? .....

Place of Burial or Removal <u>Coopers town</u> Undertaker	Date of Burial <u>May 23</u> 190 <u>13</u> Address
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Filed ..... 190.....

Registrar.