OCT 24 1927

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

Do not use this space.

26588

1. PLACE OF DEATH
County: Buchanan — Registration District No.: 85 — File No.:
Township: — Primary Registration District No.: 1001 — Registered No.: 991
City: St. Joseph, (No. Missouri Methodist Hosp. St. Ward)

2. FULL NAME: G.C. (Bud) Crossfield
(a) Residence. No. St., Ward. Rushville, Mo.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 4 ds. 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): Divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Unknown 1863

7. AGE: YEARS 64 — MONTHS Unknown — DAYS — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farm laborer. 15 B 15 P
(b) General nature of industry, business, or establishment in which employed (or employer): 10 B
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

PARENTS
10. NAME OF FATHER: John M. Crossfield
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: Ernest Crossfield
(Address) Rushville, Mo.

15. FILED SEP 27 1927 — John G. Utz, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept, 26, 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept 23, 1927, to Sept 26, 1927, that I last saw him alive on Sept 25, 1927, and that death occurred, on the date stated above, at 1.20 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Bronchopneumonia (Embolic) following cellulitis of Hand (duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY): Cellulitis of Hand (boil origin) (Streptococcic) (duration) yrs. mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? St. Joseph Mo.
DID AN OPERATION PRECEDE DEATH? yes. DATE OF Sept 24 27
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical finding etc.
(Signed) H.K. Wallace, M.D.
Sept 27, 1927 (Address) 3014 S St Joseph Mo

*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: Sugar Creek Cemetery — DATE OF BURIAL: Sept, 28, 1927

20. UNDERTAKER: Walter Meierhoffer — ADDRESS: 1302 Faraon St.

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.