

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

Do not use this space.

32643

1. PLACE OF DEATH

County Andrew Co
Township Empire
City Union Star (No.)

Registration District No. 15
Primary Registration District No. 3018

File No.
Registered No. 11
St. Ward)

2. FULL NAME

John O. Cross

(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. da.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Ellen Cross

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 2, 1843

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 5 28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Clay County, Mo.

10. NAME OF FATHER John O'Neil Cross

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

12. MAIDEN NAME OF MOTHER Mary Haffaker

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

14. INFORMANT Children
(Address) Union Star, Mo.

15. Nov 3, 1928 E. C. Jaffariev
FILED REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 30 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1928, to Oct 30, 1928 that I last saw h. a. a. a. alive on Oct 27, 1928, and that death occurred, on the date stated above, at 1020 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Haemorrhage

SPA / 4001 (duration) yrs. 6 mos. da.
CONTRIBUTORY Secondary Haemorrhage (SECONDARY) (duration) yrs. mos. 7 da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH:

19. DID AN OPERATION PRECEDE DEATH?

20. WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) E. M. Reynolds, M. D.
10/31, 1928 (Address) Union Star 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 Union Star Mo DATE OF BURIAL Nov 3 1928

20. UNDERTAKER H. M. Stouton ADDRESS Alchison 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.

1928

