

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

Do not use this space.

9054

PLACE OF DEATH

County DEKALB.
Township POLK.
City UNION STAR. (No. _____)

Registration District No. 5364
Primary Registration District No. 262

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

2. FULL NAME MRS. CLARA 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 14 yrs. mos. ds. How long in U. S., if of foreign birth? 48 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE **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 J.W. CROSS

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APR. 15, 1861.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
71 11 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE

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) 27, 1932 **11. Total time (years) spent in this occupation** 51 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) HOLENBY ENGLAND.

13. NAME GEORGE AUSTIN

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN ENGLAND

15. MAIDEN NAME SARAH EATON

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN ENGLAND.

17. INFORMANT J.W. CROSS
(ADDRESS) UNION STAR, MO.

18. BURIAL, CREMATION, OR REMOVAL
PLACE UNION STAR. DATE 3/22/33.

19. UNDERTAKER H. D. KING WILSON
(ADDRESS) RING CITY, MO.

20. FILED 3/20, 1933 E. M. Reynolds
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/20/33/ 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 1932 to March 20, 1933

I last saw her alive on March 19, 1933. Death is said to have occurred on the date stated above, at 3:00 m. A.M.

The principal cause of death and related causes of importance were as follows:

Lymph Sarcoma. June 32

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1933

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? _____
If so, specify _____

(Signed) E. M. Reynolds _____, M. D.

(Address) UNION STAR, MO.

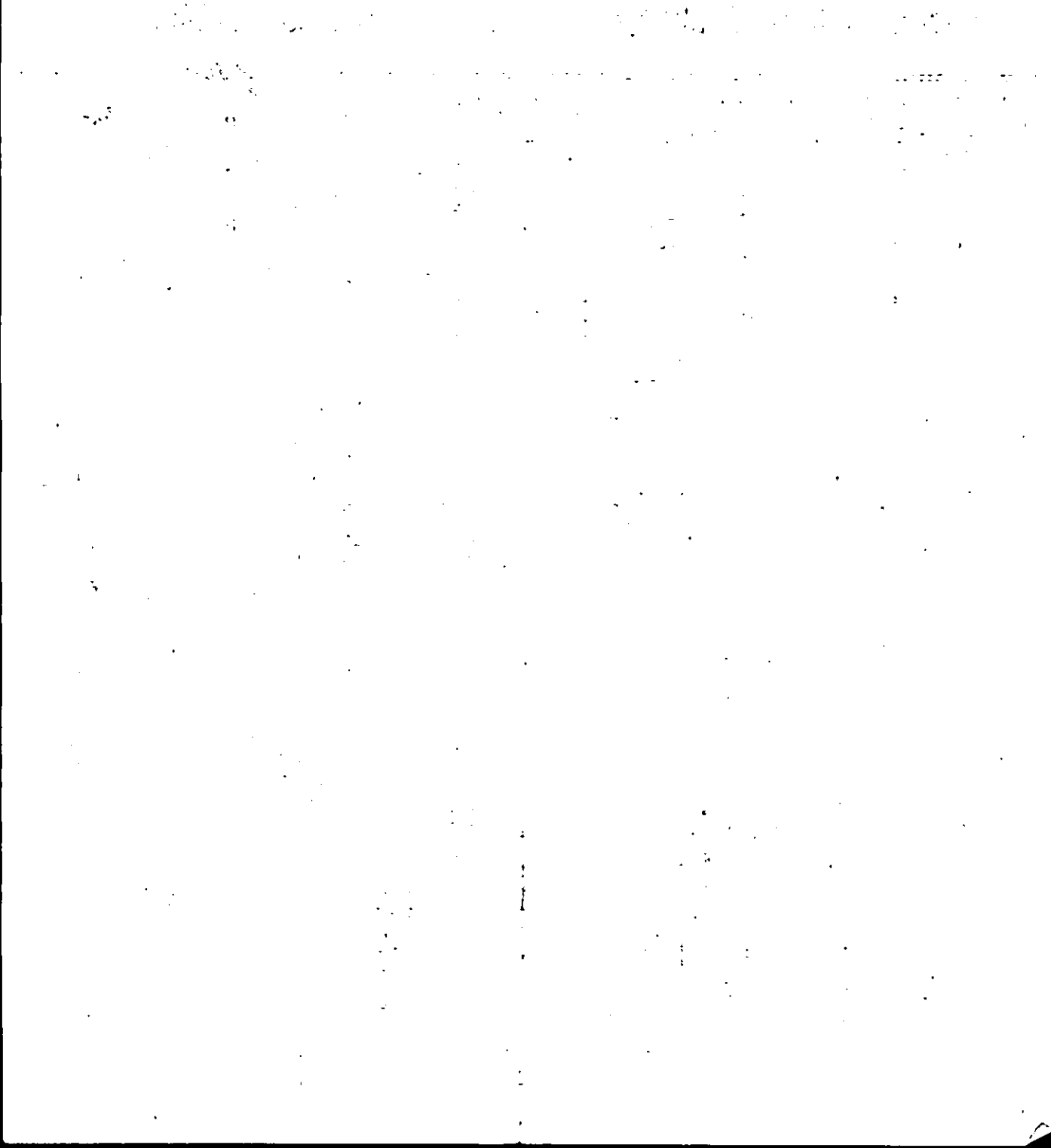
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 24 1933

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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County McCall
Township Dale
City..... (No.) St. Ward.....

Registration District No. 262
Primary Registration District No. 5367

File No.....
Registered No.....

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED M (write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE..... DATE.....19.....

19. UNDERTAKER (ADDRESS)

20. FILED 3/21 1933 E. M. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar - 20 , 19 33

22. I HEREBY CERTIFY, That I attended deceased from to....., 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at.....m.

The principal cause of death and related causes of importance were as follows:

Lung - Sarcoma Date of onset

Sub Maxillary

Other contributory causes of importance:

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Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... 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?.....
If so, specify.....

(Signed)....., M. D.
(Address).....

SUPPLEMENTARY

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

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