

Dr. Taylor

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

Do not use this space.  
14593

APR 18 1936

1. PLACE OF DEATH

County Cole  
Township  
City Jefferson (No. ...., ..... St. .... Ward)

Registration District No. 213  
Primary Registration District No. 3014

File No. ....  
Registered No. 123

2. FULL NAME John T. Cross

(a) Residence, No. .... St., ..... Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 Mrs. Nora Cross

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-29-1865

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
70 4 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railroad Roadmaster  
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) Monticau County, Mo.

13. NAME Thomas J. Cross

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

15. MAIDEN NAME Eliza Davis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

17. INFORMANT Mrs. John T. Cross (ADDRESS) Jefferson City, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE River View Cem. DATE Apr-18--1936

19. UNDERTAKER George W. Gordon (ADDRESS) Jefferson City, Mo.

20. FILED 4/17/36 1936 W. H. Sanford M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 16 1936

22. I HEREBY CERTIFY, That I attended deceased from near ..... 1935, to April 14 ..... 1936  
I last saw h. .... alive on April 14 ..... 1936. Death is said to have occurred on the date stated above, at 5:00 p.m.

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

1. Hypertrophy of ventricles  
2. Old hypertension  
Other contributory causes of importance: Myocarditis

Name of operation Autopsy Date of Madison  
What test confirmed diagnosis? Chemical Was there an autopsy? Yes

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) W. H. Sanford M. D.  
(Address) Jefferson City, 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.

