

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.

DEC 23 1937

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

Do not use this space. 7

41892

1. PLACE OF DEATH

County Miller  
Township Richwoods  
City                      (No.                     )

Registration District No. 562  
Primary Registration District No. 5757

File No.                       
Registered No.                       
St.                      Ward                     

2. FULL NAME Doctor Franklin 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. ds.

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 Martha Francis Cross

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3/28/1852

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
85 7 24

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

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) Missouri

FATHER 13. NAME John Cross

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Henry Cross  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Seaton DATE Nov. 29, 1937

19. UNDERTAKER Fred H. Gilbert  
(ADDRESS) Dixon, Mo.

20. FILED Dec 9, 1937 Mrs. W. L. Gump  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 22, 1937, to Nov 22, 1937.

I last saw him alive on Nov 22, 1937. Death is said to have occurred on the date stated above, at 4 P. M.

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

Duodenal Ulcer 2 Springs 1935 Date of onset 11-22-37

Other contributory causes of importance:

Amputation from ulcer

Name of operation none Date of o

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury o, 19    

Where did injury occur? o  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury o

Nature of injury o

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify o

(Signed) C. Mallitt, M. D.

(Address) Cracker, Mo.

