

REC'D MAR 15 1938

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

Do not use this space.

1. PLACE OF DEATH

County WrightRegistration District No. 267Township WrightPrimary Registration District No. 4161City Union Star (No.) St. Ward)File No. 6600

Registered No.

2. FULL NAME

John William Cross 62.0(a) Residence (Usual place of abode) Union Star, Mo. St. Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Clara Cross6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 5, 18637. AGE YEARS 74 MONTHS 10 DAYS 7 If LESS than 1 day, hrs. min.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) Aug 1934 11. Total time (years) spent in this occupation12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leicestershire U. England13. NAME James Cross14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England15. MAIDEN NAME Zinkbure16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England17. INFORMANT William M. Donald (ADDRESS) 2219 Jackson St. St. Joseph, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Union Star Mo. DATE Feb 18, 193819. UNDERTAKER Lucile M. Wilson (ADDRESS) King City Mo.20. FILED Feb 16, 1938 E. J. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 15, 193822. I HEREBY CERTIFY That I attended deceased from August, 1934, to February 4, 1938I last saw him alive on February 12, 1938. Death is said to have occurred on the date stated above, at 10:00 A.M.

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

Chronic myocarditis Date of onset ?Other contributory causes of importance: Chronic glomerular nephritis ?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

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? No

If so, specify

(Signed) Arthur E. Rockwood M.D. (Address) Union Star, Mo.

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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.

Faint header text at the top of the page, possibly including a date or reference number.

Second line of faint text, likely a title or subject line.

Third line of faint text, possibly a salutation or opening of a letter.

Fourth line of faint text, beginning the main body of the document.

Fifth line of faint text, continuing the main body.

Sixth line of faint text, continuing the main body.

Seventh line of faint text, continuing the main body.

Eighth line of faint text, likely a closing or signature area.