WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

11
3454

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

Do not use this space.

30519

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 4026

Township Kaw — Primary Registration District No. 1002 — Registered No.

City Kansas City (No. St Mary's Hospital St. Ward)

2. FULL NAME James M Cross

(a) Residence. No. 3215 McGee St., 5 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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) about 1863

7. AGE: YEARS 64 — MONTHS — DAYS — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Plumber
(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) No

PARENTS

10. NAME OF FATHER Joseph Cross
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland
12. MAIDEN NAME OF MOTHER Alice Lawler
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

14. INFORMANT Miss Alice Cross
(Address) 3215 McGee St

15. FILED 10/25, 1927 M. M. Crowe Asst REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 23 1927 19

17. I HEREBY CERTIFY, That I attended deceased from July 1927, to 10-23-, 19 that I last saw him alive on 10-23, 1927, and that death occurred, on the date stated above, at 6:05 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: "Loss of blood, from cancer."

51B

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY) Cancer of Bladder

(duration) yrs. 3 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? Yes DATE OF 10-21-27
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Exploratory of bladder

(Signed) T. S. Bourke, M. D

10-25, 1927 (Address) 410 Argyle Bldg.

*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: St Mary's Cemetery — DATE OF BURIAL: 10/27/27 19

20. UNDERTAKER: Quirk & Tobin Co--20 West Linwood — ADDRESS