118

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

Do not use this space.

32797

1928

85

1. PLACE OF DEATH

County Buchanan — Registration District No. 1001 — File No.

Township — Primary Registration District No. — Registered No. 1184

City St. Joseph (No. State Hospital #2. St. Ward)

2. FULL NAME ~~Frank Cross~~ Isaac Franklin Cross

(a) Residence. No. 1505 Seymour St. 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. 5 mos. 20 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): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 28, 1861

7. AGE: Years 66 66 — Months 3 — Days 20 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Patient at State
(c) Name of employer: Hospital No. 2. St. Joseph

9. BIRTHPLACE (CITY OR TOWN): No record
(STATE OR COUNTRY): Champaign, Ill.

PARENTS

10. NAME OF FATHER: A.M.Cross
11. BIRTHPLACE OF FATHER (CITY OR TOWN): "
(STATE OR COUNTRY): N.Y.
12. MAIDEN NAME OF MOTHER: Rachael Perkins
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Ind.
(STATE OR COUNTRY)

14. INFORMANT: Mrs. Belle Cross
(Address): St. 1505 Seymour St.

15. FILED NOV 19 1927, 19 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): November 18, 1927

17. I HEREBY CERTIFY, That I attended deceased from November 1, 1927, to Nov. 18, 1927 that I last saw him alive on Nov. 17, 1927, and that death occurred, on the date stated above, at 1:35 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Acute Cardiac Dilatation

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY) 9019

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) R. P. Crank, M. D

Nov. 18, 1927 (Address) State Hospital No. 2, St. Joseph, Mo.

*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: Mt. Mora Cemetery — DATE OF BURIAL: Nov, 19, 1927

20. UNDERTAKER: Walter Meierhoffer — ADDRESS: 1302 Faraon St.

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.

PERMANENT RECORD