

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

Do not use this space.

5583

**1. PLACE OF DEATH**

County Brewer Registration District No. 527 File No. \_\_\_\_\_  
 Township \_\_\_\_\_ Primary Registration District No. 5703 Registered No. 4  
 City Brewer Mo (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Otto Eugene Cross, Infant son of Otto Cross

(a) Residence. No. 7 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**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) July 13 - 1928

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	0	0	1	

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work \_\_\_\_\_  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Brewer  
 (STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Otto Cross

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Brewer  
 (STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Ma May Burnett

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Madison  
 (STATE OR COUNTRY) Mo

14. INFORMANT Otto Cross  
 (Address) Brewer Mo

15. FILED 7/14 1928 Ted Pease  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 14, 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb 13, 1928 to Feb 14, 1928 that I last saw him alive on Feb 13, 1928, and that death occurred, on the date stated above, at \_\_\_\_\_ a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
7th mo. Pneumonia  
159 / 6 / 0  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

CONTRIBUTORY (SECONDARY) Pneumonia  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH: \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS: \_\_\_\_\_  
 (Signed) W. H. Liddick  
Feb. 14, 1928 (Address) Brewer, 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 East Oakwood DATE OF BURIAL 7/15 1928  
 20. UNDERTAKER W. H. Liddick ADDRESS Brewer, 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.

MAR 19 1928

