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

Do not use this space.

1. PLACE OF DEATH

County Maine — Registration District No. 527 — File No. 9742

Township — Primary Registration District No. 4313 — Registered No. 7

City Bevier Mo (No. ..... St. ..... Ward)

2. FULL NAME Samatha P. 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: Female
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: Thos. T. Cross

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 8-1877

7. AGE: Years 50 — Months 8 — Days 29 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): Callao
(STATE OR COUNTRY): Mo

PARENTS

10. NAME OF FATHER: Golds Cook
11. BIRTHPLACE OF FATHER (CITY OR TOWN): .....
(STATE OR COUNTRY): Missouri
12. MAIDEN NAME OF MOTHER: Lena Roberts
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): .....
(STATE OR COUNTRY): Missouri

14. INFORMANT: Thos. T. Cross
(Address): Bevier Mo

15. FILED 3/10, 1928 Ted Peake
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mar 7th 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct. 24, 1927, to Mar 2, 1928, that I last saw her alive on Mar 2, 1928, and that death occurred, on the date stated above, at 5:40 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Ascending Myelitis

(duration) 1 yrs. 5 mos. 26 ds.

CONTRIBUTORY (SECONDARY): Large bed sore with vertebral necrosis (duration) — yrs. 2 mos. 2 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) E. L. Weidlich M.D.
Mar. 10, 1928 (Address) Bevier, 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: College Md — DATE OF BURIAL: 3/9 1928

20. UNDERTAKER: W. G. Edwards — ADDRESS: Bevier 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.

R 25 1928