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

Do not use this space.

1. PLACE OF DEATH
County Jackson — Registration District No. 395 — File No. 13456
Township Kaw — Primary Registration District No. 1002 — Registered No.
City Kansas City (No. 9th & Forest St. Ward)

2. FULL NAME Mrs. Anna M. Cross
(a) Residence. No. Ineg Hotel St., Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 11 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 Robert L. Cross

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 17, 1872

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ___ hrs. or ___ min.
55	10	3	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(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) Canada

PARENTS
10. NAME OF FATHER Spillett Sanley
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Canada
12. MAIDEN NAME OF MOTHER Catherine Cook
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Canada

14. INFORMANT Robert L. Cross
(Address) Ineg Hotel 9th Forest

15. FILED 4-21, 1928 M M Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 20 1928

17. I HEREBY CERTIFY, That I attended deceased from Apr 16, 1928, to Apr 20, 1928, that I last saw her alive on Apr 20, 1928, and that death occurred, on the date stated above, at 3.48 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Pneumonia (lobar 1 left)

10 10 [illegible]

(duration) — yrs. — mos. 3 ds.

CONTRIBUTORY (SECONDARY) Otitis media dext

(duration) — yrs. — mos. 5 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? only clinical findings
(Signed) G H Anie, M. D
20 IV, 1928 (Address) 1000 Rialto 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: Newcomer's Vaults
DATE OF BURIAL: April 23 1928

20. UNDERTAKER: D. N. Newcomer's Sons
ADDRESS: 2111 E. 9th 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.

Dr. George N. Hopie
1000 Reilly Bldg.
12-1