

NOV 26 1930

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

Do not use this space.

30464

1. PLACE OF DEATH

County Macon  
Township Chautau  
City..... (No.....)..... St..... Ward.....

Registration District No. 579  
Primary Registration District No. 5705

File No.....  
Registered No.....

2. FULL NAME

Ester 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) m

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 16 - 1849

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
81 3 14

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) N. Carolina

10. NAME OF FATHER Peuker Sheriff

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) N.C.

12. MAIDEN NAME OF MOTHER Don't Know

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

14. INFORMANT James Cross  
(Address) Macon Mo RR 6

15. FILED 10-11-1930 F. Schuffner REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 30 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 30 1930 to Sept 30 1930, 1930 that I last saw him never alive on never, 1930, and that death occurred, on the date stated above, at 2 P M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

93C Flu  
11B

(duration) ..... yrs. .... mos. .... ds.  
CONTRIBUTORY Myocarditis Chron  
(SECONDARY) (duration) ..... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED  
930  
AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? NO DATE OF.....

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? Chm Exam  
(Signed) W. W. Weller M. D.  
Oct 2, 1930 (Address) Callas 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 Union Cemetery DATE OF BURIAL Oct 2 1930

20. UNDERTAKER Albert Skinner ADDRESS Macon 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.

