

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

APR 21 1931

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

Do not use this space.

9376

1. PLACE OF DEATH
 35 County Dunklin Registration District No. 283
 Township Argyus Primary Registration District No. 5402
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Melvin Lee 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.

File No. 13
 Registered No. _____
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 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) Feb. 14 - 1931

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	0	1	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. single

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. L

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER

13. NAME E. L. Cross

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Argyus

MOTHER

15. MAIDEN NAME Pearl McShee

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Argyus

17. INFORMANT E. L. Cross
 (ADDRESS) Cardwell, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE McKay Ave DATE 3/21 1931

19. UNDERTAKER Howard & Anderson
 (ADDRESS) Cardwell, Mo

20. FILED 3/20 - 1931 Thompson
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-20-1931

22. I HEREBY CERTIFY, That I attended deceased from 3-19-1931, to 3-20-1931, 1931
 I last saw him alive on 3-20-1931. Death is said to have occurred on the date stated above, at 30 m.
 The principal cause of death and related causes of importance were as follows:
Bronchial Pneumonia Date of onset _____
107A
107A
 Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____ (Signed) Thompson M. D.
 (Address) Cardwell, Mo

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