

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

Do not use this space.

31847
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1. PLACE OF DEATH

County Marie County Registration District No. 543
Township Boone Primary Registration District No. 5734
City (No.) St. Ward)

File No.
Registered No. 9

2. FULL NAME

Richard R Cross
(a) Residence No. near meta MO St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Widower</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1849</u>		
7. AGE	YEARS <u>82</u>	MONTHS
	DAYS	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farming</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	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) <u>MO</u>		
FATHER	13. NAME <u>Samuel W Cross</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>MO</u>	
MOTHER	15. MAIDEN NAME <u>Theresa Allen</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>MO</u>	
17. INFORMANT <u>W May</u> (ADDRESS) <u>meta MO</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>meta Southside</u> PLACE <u>meta</u> DATE <u>Sept 16, 1931</u>		
19. UNDERTAKER <u>W N Stroy</u> (ADDRESS)		
20. FILED <u>Sept. 29, 1931</u> <u>Emma Curtman</u> Registrar.		

2) MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 15, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 8, 1931 to Sept 14, 1931. I last saw him alive on Sept 14, 1931. Death is said to have occurred on the date stated above, at 4:30 A.M.. The principal cause of death and related causes of importance were as follows:
Aortic Regurgitation Date of onset 92A

Other contributory causes of importance
Senility
Sclerosis

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No.

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 No - old age
(Signed) L E E. [Signature]
(Address) St. Elizabeth, 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.

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