

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

Do not use this space.

9927

1. PLACE OF DEATH

96 County St. Louis Registration District No. 289
 Township Central Primary Registration District No. 6033B
 City Normandy (No. Natural Bridge and Canyon) (No. 18) (Ward)

2. FULL NAME

Benjamin F. Crossley
 (a) Residence, No. North Ave. 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 Male 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 Lenore A. Crossley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 30 1886

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>46</u>	<u>5</u>	<u>10</u>	<u>7</u>

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

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) Oklahoma - 2

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

15. MAIDEN NAME Unknown

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

17. INFORMANT Leon Crossley
 (ADDRESS) North Ave. Inquest No.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove DATE 3-16-32 Box 370

19. UNDERTAKER Brunnman Bros and Co
 (ADDRESS) 2504 Woodson Rd Merlaton Mo

20. FILED 3-13 1932 John D. Gray M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 12th 1932

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 .

I last saw him alive on , 19 . Death is said to have occurred on the date stated above, at a.m.

The principal cause of death and related causes of importance were as follows:

Suicide by firearms.
167 / 67
5
 Date of onset 3/12/32

Other contributory causes of importance:
Gunshot wound part of entrance roof of mouth, bullet passed in train

Name of operation None Date of
 What test confirmed diagnosis Autopsy report Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide Suicide Date of injury 3-12-32

Where did injury occur? Carsonville Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public place

Manner of injury Suicide by firearms.
 Nature of injury Gunshot wound

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify

(Address) John W. Caspary, M. D.
Coroner of St. Louis

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 29 1932

