

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

Do not use this space.

22184

1. PLACE OF DEATH

County Cape Girardeau
Township _____
City _____ (No. 501 North Main)

Registration District No. 125
Primary Registration District No. 3009

File No. _____
Registered No. 186
St. _____ Ward _____

2. FULL NAME Donald 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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29, 1932

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

22. I HEREBY CERTIFY that I attended deceased from July 11, 1932, to July 28, 1932. I last saw him alive on July 28, 1932. Death is said to have occurred on the date stated above, at 2:45 a.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 28-1931

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
1 2 1

Acute Colitis

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

11/20/19
Other contributory causes of importance: ①

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau Mo

13. NAME Claude Cross

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

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cross Mo

15. MAIDEN NAME Opal Hampton

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. _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bellingham Mo

17. INFORMANT (ADDRESS) Claude Cross
501 N Main

18. BURIAL, CREMATION, OR REMOVAL PLACE Freight Conveyer DATE July 30, 1932

19. UNDERTAKER (ADDRESS) Printers Hardware
Cape Girardeau

Manner of injury _____
Nature of injury _____

20. FILED 7/29, 1932 W. K. Kauffman Registrar.

24. Was disease or injury in any way related to occupation of deceased? If so, specify _____
(Signed) Ray E. Williams, M. D.
(Address) Cape Girardeau, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state

AUG 22 1932

