

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

Do not use this space.

36205

1. PLACE OF DEATH

53 County LACLEDE Registration District No. 449
Township LEBANON Primary Registration District No. 3669
City (No. _____) St. _____ Ward _____

2. FULL NAME

JOSEPH H. 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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>MARRIED</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Louise Cross</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 13-1873</u>				
7. AGE YEARS <u>59</u>	MONTHS <u>4</u>	DAYS <u>13</u>	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</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				<u>59</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Laclede Co. Mo.</u>				
FATHER	13. NAME <u>A. G. Cross</u>			
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>				
MOTHER	15. MAIDEN NAME <u>Polly Johnson</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>				
17. INFORMANT <u>Louise Cross</u> (ADDRESS) <u>Lebanon</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Lebanon Cemetery</u> DATE <u>11-28</u> '32				
19. UNDERTAKER <u>Pahner</u> (ADDRESS) <u>Lebanon</u>				
20. FILED _____ 19 _____ Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 6, 1932, to Nov 19, 1932
I last saw him alive on Nov 19, 1932 Death is said to have occurred on the date stated above, at 12:45 P. m.
The principal cause of death and related causes of importance were as follows:
Carcinoma of face
52
Other contributory causes of importance:
59

Date of onset <u>last 4y</u>

Name of operation none Date of _____
What test confirmed diagnosis? Biopsy of tumor Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury no, 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 none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) B. Thompson, M. D.
(Address) Lebanon 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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**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County St. Charles
Township Bellevue
City Bellevue (No. _____)

Registration District No. 449
Primary Registration District No. 2609

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

2. FULL NAME

Joseph H. Cross

(a) Residence, No. _____ 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED M (write the word)

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

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

7. AGE YEARS 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.
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)

MOTHER FATHER
13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____, 19__

19. UNDERTAKER (ADDRESS)

20. FILED Jan 17 1933 J. M. Bellamy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 26, 1932

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

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

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

Date of onset

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) _____, M. D.

(Address) _____

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.
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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