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 25 1934

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

Do not use this space.

5239

File No. 966
Registered No.

1. PLACE OF DEATH
County: Jackson
Township: Kaw
City: Kansas City (No. 7246 Main St. Ward)
Registration District No. 599
Primary Registration District No. 1002

2. FULL NAME: Mary Emma Cross
(a) Residence, No. 7246 Main 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feby 8, 1862

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
72	0	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home
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): Mo

FATHER
13. NAME: Asa B. Cross
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New Jersey

MOTHER
15. MAIDEN NAME: Rachel Hughes
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): no information

17. INFORMANT (ADDRESS): Albert E. Barnes 7246 Main St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: St Mary's Cem. DATE: 3-2-, 1934

19. UNDERTAKER (ADDRESS): Stine & McClure 2232 Michigan Blvd

20. FILED: 3/1, 1934 M. M. Crow asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feby. 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 6, 1933, to Feb 26, 1934
I last saw her alive on Feb 26, 1934. Death is said to have occurred on the date stated above, at P. m. 6:20
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Edema	
59	
9	
10	
Other contributory causes of importance:	
Diabetes	34 yrs
Chr. Myocardial Degen	4 mo

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? no
If so, specify:
(Signed) David T. Hogeweide M. D.
(Address) 928 Ind Bldg KC Mo