

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

Do not use this space.

8906

APR 25 1934

1. PLACE OF DEATH

County Jackson
Township Rant
City Kansas City

Registration District No. 399
Primary Registration District No. 1002
(No. Research Hospital)

File No. _____
Registered No. 1097
St. _____ Ward _____

2. FULL NAME

Maud Lucille Cross

(a) Residence, No. 112 Rural St. Emporia, Kans
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Caucasian 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 4th 1885

7. AGE YEARS 49 MONTHS 2mo DAYS 4 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. High School
10. Date deceased last worked at this occupation (month and year) Feb 1934 11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (CITY OR TOWN) Sheldon (STATE OR COUNTRY) Mo

FATHER 13. NAME John William

14. BIRTHPLACE (CITY OR TOWN) Front Royal (STATE OR COUNTRY) Virginia

MOTHER 15. MAIDEN NAME Sarah J. Darnick

16. BIRTHPLACE (CITY OR TOWN) Lee Center (STATE OR COUNTRY) Mo

17. INFORMANT Ma C. L. Cross (ADDRESS) Normal St

18. BURIAL, CREMATION, OR REMOVAL PLACE Wortham Park DATE March 9 1934

19. UNDERTAKER Wagner Funeral Home (ADDRESS) 1204 West Lincoln

20. FILED 3-9 34 M. M. Crowe Registrar.

21 J MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 8 1934

22. I HEREBY CERTIFY, That I attended deceased from 2nd 28, 1934, to 2 8, 1934

I last saw h. 4 alive on 3 8, 1934 Death is said to have occurred on the date stated above, at 12 midnight

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

Acute yellow atrophy
12-5-34 WLS

Other contributory causes of importance:
Oxyphoid - which is
anthropus parousis

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 _____, 1934
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) [Signature], M. D.
(Address) any way

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.

Dr. C. C. Conover,

1500 1st St. N. Wash. D. C.

1000 1st St. N.

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RECEIVED
 DEPARTMENT OF THE ARMY
 OFFICE OF THE QUARTERMASTER GENERAL
 WASHINGTON, D. C.
 JAN 10 1916

The following is a list of the articles of clothing and
 personal effects of the undersigned, which are being
 turned over to the Quartermaster General for his
 disposal.

1. One pair of trousers
 2. One pair of shoes
 3. One pair of socks
 4. One pair of undershorts
 5. One pair of undershirts
 6. One pair of handkerchiefs
 7. One pair of gloves
 8. One pair of mittens
 9. One pair of caps
 10. One pair of coats
 11. One pair of breeches
 12. One pair of gaiters
 13. One pair of puttees
 14. One pair of leggings
 15. One pair of boots
 16. One pair of spurs
 17. One pair of stirrups
 18. One pair of saddles
 19. One pair of bridles
 20. One pair of reins
 21. One pair of whips
 22. One pair of brushes
 23. One pair of combs
 24. One pair of mirrors
 25. One pair of knives
 26. One pair of pens
 27. One pair of pencils
 28. One pair of papers
 29. One pair of books
 30. One pair of maps
 31. One pair of instruments
 32. One pair of tools
 33. One pair of weapons
 34. One pair of accoutrements
 35. One pair of baggage
 36. One pair of provisions
 37. One pair of forage
 38. One pair of fuel
 39. One pair of water
 40. One pair of other articles

The undersigned certifies that the above is a true and
 correct list of the articles of clothing and personal
 effects of the undersigned, which are being turned
 over to the Quartermaster General for his disposal.

Signed: _____
 Captain, U. S. Army