

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

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Do not use this space.

17655

1. PLACE OF DEATH **Pettis**  
County..... Registration District No.....  
Township **Sedalia** Primary Registration District No. **3032**  
City..... (No. **302 E Saline**)..... St..... Ward.....  
2. FULL NAME **James C Crosslin**  
**302 E Saline** St..... Ward.....  
(a) Residence, No..... (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.

File No. **168**  
Registered No. **669**

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **M** 4. COLOR OR RACE **W** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (say in the word) **Married**  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 8 1858**  
7. AGE YEARS **75** MONTHS **11** DAYS **0** If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Retired Farmer**  
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.**

MOTHER FATHER  
13. NAME **Meredith Crosslin**

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

15. MAIDEN NAME **Elizabeth Liggett**

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

17. INFORMANT **Mrs. J.C. Crosslin**  
(ADDRESS) **Sedalia Mo.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Crown Hill** DATE **May 10 1934**

19. UNDERTAKER **Gillespie Funeral Home**  
(ADDRESS) **Sedalia Mo.**

20. FILED **5-11-** 1934 **John Slack** Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 8/34** 19**34**

22. I HEREBY CERTIFY, That I attended deceased from **4-22**, 19**34**, to **5-8**, 19**34**.  
I last saw him alive on **5/8**, 19**34**. Death is said to have occurred on the date stated above, at **6:10** a.m.

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

**Pneumonia**  
Date of onset

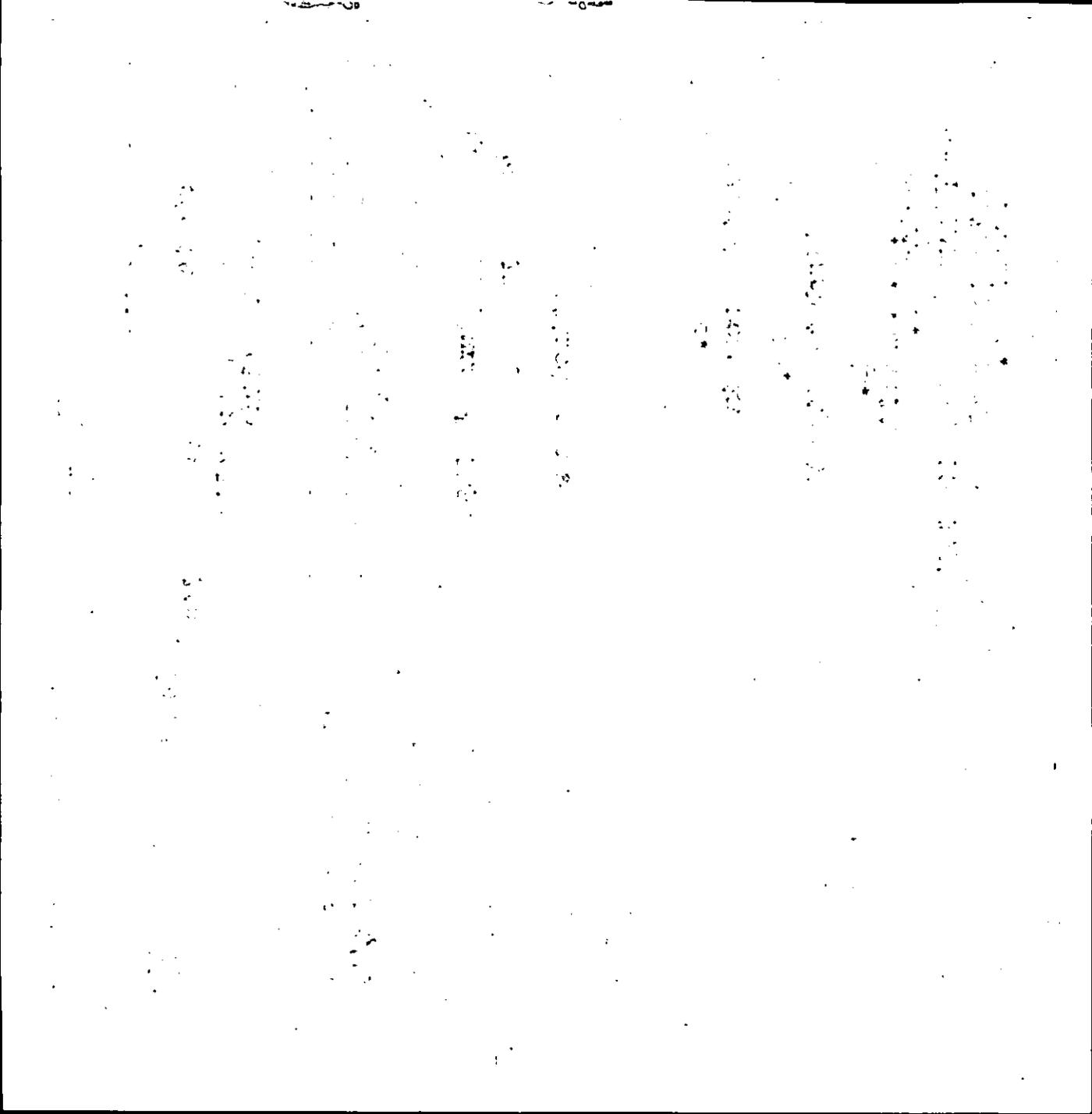
Other contributory causes of importance:

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) **W. J. Jones**, M. D.  
(Address) **Sedalia Mo.**



**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 Pettis  
Township Bedford  
City Bedford (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward)

Registration District No. 668  
Primary Registration District No. 3032

File No. \_\_\_\_\_  
Registered No. 168

**2. FULL NAME**

James C Crossen  
(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.  
75 11 0

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)

FATHER 13. NAME

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

MOTHER 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 \_\_\_\_\_ 19 19 (Jean Slack) Registrar

**MEDICAL CERTIFICATE OF DEATH**

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

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

I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the \_\_\_\_\_, at \_\_\_\_\_ m.

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

Practitioner  
107a  
Other contributory causes of importance: household  
Date of onset \_\_\_\_\_

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 COMPLETED AS PRESCRIBED BY LAW.

S-17655