

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

Do not use this space.

MAR 20 1935

1. PLACE OF DEATH  
 County Buchanan Registration District No. 85  
 Township Washington Primary Registration District No. 1001  
 City St Joseph (No. Dr. Byrds' Sanatorium) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Rachel Cross  
 (a) Residence, No. 701 North 12th St., \_\_\_\_\_ Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

4473  
241

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 20, 1840

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>94</u>	<u>8</u>	<u>3</u>	

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

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) Frisco, Indiana

FATHER

13. NAME John Perkins

14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) unknown Ohio

MOTHER

15. MAIDEN NAME Oliver Love

16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) unknown Indiana

17. INFORMANT Mrs. W. E. Sherwood  
 (ADDRESS) 701 So. 12th - St Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Mt Mora Cem DATE Feb 26 1935

19. UNDERTAKER Heaton Be Gale & Bowman  
 (ADDRESS) St Joseph Mo

20. FILED 2-26-35 John R. Bauder  
 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 23, 1935

22. I HEREBY CERTIFY, that I attended deceased from Aug. 15, 1934 to Feb 23, 1935  
 I last saw him alive on Feb 23, 1935 Death is said to have occurred on the date stated above, at 10:55 a.m.  
 The principal cause of death and related causes of importance were as follows:

apoplexy

Other contributory causes of importance: 92a1

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

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) W. F. Boyd M. D.  
 (Address) Karnes St St Joseph Mo

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.

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