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

APR 29 1934

Do not use this space.

11706

1. PLACE OF DEATH
County: Vernon — Registration District No.: 875 — File No.:
Township: Washington — Primary Registration District No.: 6162 — Registered No.: 65
City: Nevada (No. 11 St. Ward)

2. FULL NAME: Lucy Cross
(a) Residence, No. Hanson 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. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 4-16-1851

7. AGE: Years 83 — Months 11 — Days 12 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework.
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): Tenn.

FATHER
13. NAME: Harvey Grant
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn

MOTHER
15. MAIDEN NAME: Helen Lay.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

17. INFORMANT (ADDRESS): Hosp record

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Liberal Mo DATE: Mar 29 1934

19. UNDERTAKER (ADDRESS): Berkey Funeral Service, Mulberry Kansas

20. FILED: 3/29 1935 M. Eckhinger, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar 26, 1935, to Mar 28, 1935. I last saw her alive on Mar 28, 1935. Death is said to have occurred on the date stated above, at 11 P.M.
The principal cause of death and related causes of importance were as follows:

Chronic myocarditis — Date of onset ?

CRC

Other contributory causes of importance: General arteriosclerosis — ?

Name of operation: ..... Date of:
What test confirmed diagnosis? Clinical 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?
If so, specify:
(Signed) F. L. Martin, M. D.
(Address) Nevada 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD