MAY 13 1935

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

Do not use this space.

14542

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 5039, Ruskin Ave. St. ..... Ward)

File No. ..... Registered No. 3375

2. FULL NAME Betty James Cross

(a) Residence, No. 5039 Ruskin Ave. St., 7 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	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 9th, 1846

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
88	6.	2	

OCCUPATION

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

FATHER

13. NAME Benjamin Bailey

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

MOTHER

15. MAIDEN NAME Nancy Sullivan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT Mary Cross
(ADDRESS) 5039 Ruskin Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla Cem DATE April 15, 1935

19. UNDERTAKER Drehmann Naval
(ADDRESS) 1905 Union Blvd.

20. FILED APR 13 1935 J. H. Baudeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 11th, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 11th, 1935 to April 11, 1935
that I last saw him alive on March 18th, 1935. Death is said to have occurred on the date stated above, at 11:40 m. P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	10 yrs

Other contributory causes of importance: 97

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. E. Harval M. D.
(Address) 608 Kingsland Ave

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