NOV 25 1935

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

Do not use this space.

32523

1. PLACE OF DEATH
43 County Hickory
Township
City Weaubleau, Mo. (No. , St. Ward)

Registration District No. 359
Primary Registration District No. 5504, 4212

File No.
Registered No. 99

2. FULL NAME Robert J. Cross.

(a) Residence, No. 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 17, 1846

7. AGE YEARS 89 MONTHS 4 DAYS 2. If LESS than 1 day, hrs. or min.

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) Vir.

FATHER
13. NAME Jim Cross
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vir.

MOTHER
15. MAIDEN NAME Mary J. Lowe
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vir.

17. INFORMANT (ADDRESS) T. S. Cross Springfield, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Humanville DATE Oct 21, 1935

19. UNDERTAKER (ADDRESS) Ralph A. Joseph Humanville Mo.

20. FILED Oct. 25, 1935 Eliza Monroe. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 8, 1935, to Oct 19, 1935
I last saw him alive on Oct 19, 1935. Death is said to have occurred on the date stated above, at 7:45 P.M.
The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia and Carditis

Date of onset

Other contributory causes of importance:

None

Name of operation None Date of
What test confirmed diagnosis Visual Sanction Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? none 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. O. Reser, M. D.
(Address) Weaubleau Mo.

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

MARGIN RESERVED FOR BINDING

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.

V. NO. 2
10614-11-24-33