

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

M. 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.

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

Do not use this space.

37166

1. PLACE OF DEATH
 County St. Francis Registration District No. 775
 Township Cherry Primary Registration District No. 6020-A
 City Bonne Terre, Mo. (No. Bonne Terre Hospital) St. _____ Ward _____

2. FULL NAME Russell Cross
 (a) Residence, No. Foster, Mo. 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. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug - 25 - 1905

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
30 2 15

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Glass Worker
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Labourer
 10. Date deceased last worked at this occupation (month and year) Nov 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Crystal City Mo

13. NAME John Cross

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

MOTHER FATHER
 15. MAIDEN NAME Elizabeth Patterson

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

17. INFORMANT Chas. Cross
 (ADDRESS) Crystal City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Foster Mo DATE 11/12 1935

19. UNDERTAKER Quester E. Vandy
 (ADDRESS) Foster Mo

20. FILED Nov 11 1935 H. W. Hawkins
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 7, 1935, to Nov. 10, 1935
 I last saw h. & s. alive on Nov. 10, 1935. Death is said to have occurred on the date stated above, at 1:35 a.m.
 The principal cause of death and related causes of importance were as follows:
Streptococcus septicemia Date of onset 11-7-35

Other contributory causes of importance:
Shotgun wound in left thigh

Name of operation _____ Date of _____
 What test confirmed diagnosis? Phys. exam Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Accident Date of injury 11-7-1935
 Where did injury occur? Jefferson County (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
Hunting accident
 Manner of injury Shotgun wound, l. thigh
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) H. W. Roebber, M. D.
 (Address) Bonne Terre, Mo.

