FEB 20 1936

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

Do not use this space. 1540

1. PLACE OF DEATH

County Jackson — Registration District No. ..... — File No. 3[illegible]

Township Kansas — Primary Registration District No. ..... — Registered No. .....

City Kansas City (No. St. Joseph's Hospital St. ..... Ward)

2. FULL NAME Ida Marie Cross

(a) Residence, No. 5221 Prospect St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 30 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	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 18, 1896

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	39	8	6	

OCCUPATION

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

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) Dodge City Kansas

FATHER

13. NAME Ruben H. McElwain

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

MOTHER

15. MAIDEN NAME Mary Grimm

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

17. INFORMANT (ADDRESS) Carl Cross 5221 Prospect

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Moriah DATE Jan 27 1936

19. UNDERTAKER (ADDRESS) Gates Funeral Home Kansas City, Kansas

20. FILED 1-25 1936 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1936, to Jan 24, 1936
I last saw her alive on Jan 24, 1936 Death is said to have occurred on the date stated above, at 8 a.m.
The principal cause of death and related causes of importance were as follows:

Left Labor Pneumonia — Date of onset

108

Other contributory causes of importance:
Pericarditis
Hydrothorax

Name of operation none Date of .....
What test confirmed diagnosis? Pry & Clinical Was there an autopsy? yes

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) [illegible] M. D.
(Address) 214 Westhuman Bldg. K.C. 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.

J. a. Kyner, M.D.
Withman Bldg.
We. 3020

2-4:30 - 7:8