

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

Do not use this space.

JUL 24 1936

20001

1. PLACE OF DEATH

County Macon  
Township Chariton  
City (No. \_\_\_\_\_) \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 529  
Primary Registration District No. 5705

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

2. FULL NAME Clella 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 18 1879

7. AGE YEARS 57 MONTHS 4 DAYS 8 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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) Macon Co Mo

13. NAME \_\_\_\_\_

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon Co Mo

15. MAIDEN NAME Mary

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

17. INFORMANT Baba Cross (ADDRESS) RR Macon

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Cem DATE May 27 1936

19. UNDERTAKER Albert Skuman (ADDRESS) Macon Mo

20. FILED July 10 1936 Miss Elmo Blew Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 31 1935 to May 26 1936  
I last saw h. s. w. alive on May 25 1936 Death is said to have occurred on the date stated above, at 4 a. m.

The principal cause of death and related causes of importance were as follows:

Diabetic gangrene right foot Diabetes Mellitus  
Date of onset 5-1-36  
Other contributory causes of importance: about 1925

Name of operation Chinise Date of \_\_\_\_\_  
What test confirmed diagnosis? Wernicke 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? NO  
If so, specify \_\_\_\_\_  
(Signed) P. O. Saunders (Address) Macon Mo.

OCCUPATION FATHER MOTHER

