

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

Do not use this space.

23505

File No. _____
Registered No. 73
St. _____ Ward _____

JUL 24 1936

1. PLACE OF DEATH

County Macon
Township _____
City Macon (No. _____)

Registration District No. 533
Primary Registration District No. 3027

2. FULL NAME

Minta B Cross

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W -</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>W -</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ben J Cross</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 11 - 1867</u>		
7. AGE	YEARS <u>69</u>	MONTHS <u>4</u>
	DAYS <u>3</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>house-wife</u>	
	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) <u>Macon Mo</u>		
MOTHER	13. NAME <u>J Hugh Peter</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>	
	15. MAIDEN NAME <u>Julia Kitzler</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>North Carolina</u>	
17. INFORMANT (ADDRESS) <u>W. M. Cross Dallas Texas</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New Salem Cem</u> DATE <u>June 15 1936</u>		
19. UNDERTAKER (ADDRESS) <u>Acme Skinner Macon</u>		
20. FILED <u>7/11</u> 19 <u>36</u> <u>Geo K. Newton</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 14 1936

22. I HEREBY CERTIFY That I attended deceased from June 7, 1936 to June 14, 1936
I last saw her alive on June 14, 1936 Death is said to have occurred on the date stated above, at 2:30 p. m.
The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage 6-7-36
Date of onset _____

Other contributory causes of importance:
arterio-sclerosis
renal disease
about 4 or 5 years

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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) J. P. Hanoway
(Address) Macon 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.

