

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

Do not use this space.

43928

1. PLACE OF DEATH **JAN 28 1937**
 County **Butler** Registration District No. **89**
 Township **Poplar Bluff** Primary Registration District No. **5131**
 City (No. St. Ward)

2. FULL NAME **Will Cross**
 (a) Residence, No. **South of Poplar Bluff, Mo. on Deading road**
 (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 <i>(write the word)</i> divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Florence Cross		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 21, 1892		
7. AGE YEARS 44	MONTHS 0	DAYS 4
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer	
	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) Unknown		
FATHER	13. NAME John Cross	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown	
MOTHER	15. MAIDEN NAME Norman	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown	
17. INFORMANT Jerry Chaffin (ADDRESS) Butler County, Missouri		
18. BURIAL, place of interment PLACE Hillis cemetery Dec. 26, 1936		
19. UNDERTAKER Greer Funeral Service (ADDRESS) Poplar Bluff, Missouri		
20. FILED 12/26/36 Obletsinger Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec. 25, 1936**

22. I HEREBY CERTIFY, That I attended deceased from **Sept. 6, 1936** to **Dec. 25, 1936**
 I last saw him alive on **Dec. 22, 1936** Death is said to have occurred on the date stated above, at **3:45 A.M.**
 The principal cause of death and related causes of importance were as follows:
Nephritis, chronic Date of onset **3 mos.**
 Other contributory causes of importance:
Syphilis **10 yrs.**
 Name of operation **None** Date of.....
 What test confirmed diagnosis? **Wasserman** 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. Lester Harwell**, M. D.
 (Address) **Poplar Bluff, 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.

