

FEB 16 1937

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

Do not use this space.

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.

1. PLACE OF DEATH

County Butler Registration District No. 990  
Township St. Francis Primary Registration District No. 3137  
City (No. ....) St. .... Ward)

File No. 369  
Registered No. 2

2. FULL NAME Jonathan 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 1 - 1957

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
80 0 12

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) Stoddard County Missouri

13. NAME William Cross

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

15. MAIDEN NAME Matilda

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

17. INFORMANT Matilda Lancaster (dau) (ADDRESS) Butler County, Missouri

18. BURIAL, CREMATION, OR REMAINS PLACE Poplar Bluff City cemetery DATE Jan. 15, 1937

19. UNDERTAKER Greer Funeral Service (ADDRESS) Poplar Bluff Missouri

20. FILED Jan 18, 1937 W. G. G. G. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 3, 1936 to Jan. 13, 1937  
I last saw h. live alive on Nov. 3, 1937 Death is said to have occurred on the date stated above, at 10:43 P.M.  
The principal cause of death and related causes of importance were as follows:

Myocarditis, chr.  
Septicemia, chr.  
Other contributory causes of importance: None  
None  
None

Name of operation None Date of None  
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?  
If so, specify.....  
(Signed) Greer Horwell ; M. D.  
(Address) Poplar Bluff, Mo.

