

FEB 7 1937

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

Do not use this space.

2141

## 1. PLACE OF DEATH

County Macon  
Township Macon  
City Macon (No. 1)

Registration District No. 533  
Primary Registration District No. 3027

File No. 6  
Registered No. 6  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(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

## MEDICAL CERTIFICATE OF DEATH

3. SEX M 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 Mollie Cross

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 11 - 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
52 2 5

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) Macon Mo

13. NAME Will Cross

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

15. MAIDEN NAME Rebecca Stokes

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

17. INFORMANT Mo Earl Cross  
(ADDRESS) Callan Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Concord Cem DATE Jan 19 1937

19. UNDERTAKER Albert S. K... ..  
(ADDRESS) Macon Mo

20. FILED 2/8 1937 Leota Kew... ..  
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 16 1937

22. I HEREBY CERTIFY That I attended deceased from Jan 3, 1937 to Jan 16, 1937  
I last saw him alive on Jan 16, 1937. Death is said to have occurred on the date stated above, at 6:30 P. m.  
The principal cause of death and related causes of importance were as follows:

Empyema - Colou  
Facellus - Primary  
Date of onset 1-3-37

Other contributory causes of importance: 10  
Metastatic abscess 1-9-37  
High - Colou - Facellus

Name of operation T... .. Date of 1-8-37

What test confirmed diagnosis? Examination 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. K... .. M. D.

(Address) Macon Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

