JUL 27 1937

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

Do not use this space.

23470

1. PLACE OF DEATH
County Clay
Township Fishing River
City Excelsior Springs, Mo. (No. ..... St. ..... Ward)
Registration District No. 198
Primary Registration District No. 3011
File No. 82
Registered No. .....

2. FULL NAME CROSSAN, Harry L
(a) Residence, No. Veterans Administration Facility St., ... Ward. Kansas City, Missouri
(Usual place of abode) Excelsior Springs, Mo. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 2 yrs. 5 mos. 7 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ Etta Crossan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 1, 1890

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
47	4	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
10. Date deceased last worked at this occupation (month and year) Unknown
11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Coffeyville, Kans.

FATHER
13. NAME Dennis Crossan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER
15. MAIDEN NAME Carrie Parker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

17. INFORMANT (ADDRESS) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL
PLACE Missouri City, Mo DATE June 18, 1937

19. UNDERTAKER (ADDRESS) John C. Prather
Excelsior Springs, Missouri

20. FILED June 19, 1937 Lorena McCracken Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 16, 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan. 9, 1935, 19, to June 16, 1937, 19
I last saw him alive on June 16, 1937, 19 Death is said to have occurred on the date stated above, at 1:55 m. A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic insufficiency	

Other contributory causes of importance:
Coronary occlusion and myocardial failure

Name of operation None Date of —
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) A. N. J. DOLAN, MD, Act. Clin. Dir. M. D.
(Address) Veterans Administration Facility
Excelsior Springs, Missouri

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.

WRITE PLAINLY WITH UNFADING INK

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