

REC'D APR 14 1938

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

10210

Do not use this space.

1. PLACE OF DEATH

(a) County St. Joseph, Registration District No. 85
(b) Township St. Joseph, Primary Registration District No. 1001 Registered No. 349
(c) City St. Joseph, (d) Street No. St. Joseph's Hospital, St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 50 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Cross, 620

(a) Residence, No. 1315 South 15th. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 13, 1865</u>		
7. AGE	YEARS	MONTHS
	<u>72</u>	<u>6</u>
		<u>10</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		If LESS than 1 day, hrs. or min.
<u>Laborer,</u>		
9. Industry or business in which work was done, as saw mill, bank, etc.		
<u>General</u>		
10. Date deceased last worked at this occupation (month and year) <u>March 1938,</u>		11. Total time (years) spent in this occupation <u>50</u>

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 23, 1938
22. I HEREBY CERTIFY, That I attended deceased from March 14, 1938, to March 23, 1938
I last saw him alive on March 22, 1938. Death is said to have occurred on the date stated above, at 7:00 pm.
The principal cause of death and related causes of importance were as follows:

Pleurocy
Bronch. Pneumonia
92th -
Other contributory causes of importance:
Venous Thrombosis
Partial Heart Block

Name of operation X Date of X
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) Arthur W. Tracy, M. D.
(Address) 303 Knapptonch Bldg

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Unknown,</u>
	<u>Missouri,</u>
13. NAME	<u>Unknown,</u>
	<u>Unknown,</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Unknown,</u>
	<u>Unknown,</u>
15. MAIDEN NAME	<u>Unknown,</u>
	<u>Unknown,</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Unknown,</u>
	<u>Unknown,</u>
17. INFORMANT (ADDRESS)	<u>Mrs. Julia Tucker</u> <u>1315 South 15th Street,</u>
18. BURIAL, CREMATION, OR REMOVAL	PLACE <u>City Cem.</u> DATE <u>March 29, 38</u>
19. FUNERAL DIRECTOR (ADDRESS)	<u>Theaton, Belsale & Brunner</u> <u>319 South 10th Str. Linn</u>
20. FILED	<u>Mar 29, 1938</u> <u>H. J. Nestel</u> <u>By J. C. Local Registrar.</u>

(Licensed Embalmer's Statement on Reverse Side)

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.

I X12604

STATEMENT BY LICENSED EMBALMER

I, W. E. Summerfield

Licensed Embalmer No. 3007

hereby certify that the body recorded on the reverse side of this certificate was embalmed by my self - Mar 23,

L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed W. E. Summerfield

Licensed Embalmer No. 3007

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)