

REC'D MAY 18 1938

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

Do not use this space.

1. PLACE OF DEATH

County Henry Registration District No. 309
 Township Conspect Primary Registration District No. 5428
 City Conspect Huggins St. _____ Ward _____

File No. 14603
 Registered No. 20

2. FULL NAME

Mrs Lulu Jane Cross 1-21
 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 9, 1938

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

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1937, to Mar 28, 19386. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 28-1877I last saw her alive on Mar 28, 1938. Death is said

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 3 11

to have occurred on the date stated above, at 8:30 A.M.

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. Housewife

Date of onset 1938

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 _____

Dropsy
Chrom Myocarditis

Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry Co. Mo.13. NAME W. R. Moore14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown15. MAIDEN NAME Hannet James16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Missouri17. INFORMANT (ADDRESS) E. H. Cross
Shubert R. F. D.18. BURIAL, CREMATION, OR REMOVAL PLACE Carmack DATE Apr. 11 193819. UNDERTAKER (ADDRESS) Brooks Funeral Home
Albany, Mo.20. FILED _____ 19 XRegistrar 201

Name of operation _____ 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? _____ 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 _____

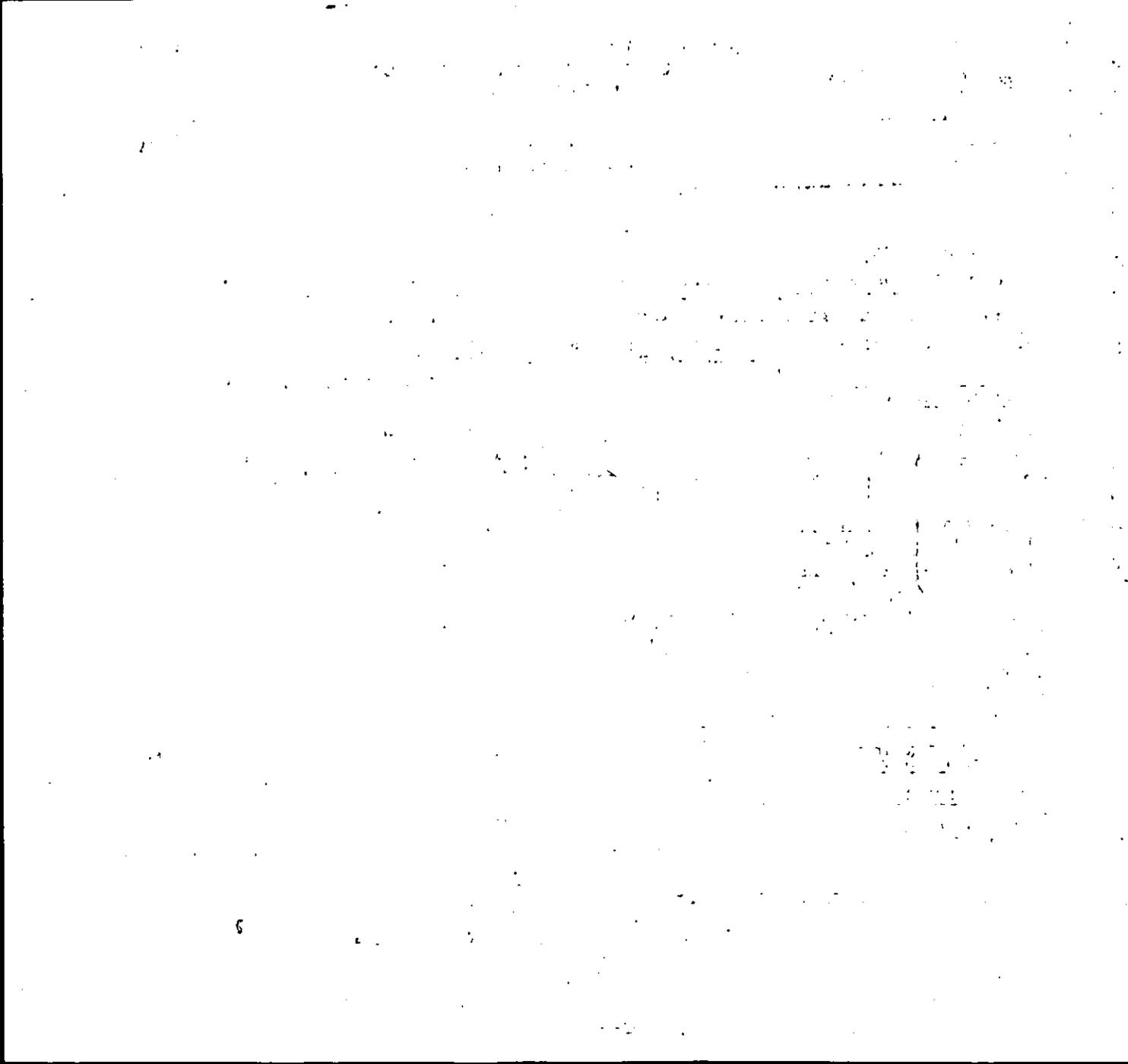
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) C. J. Pray D. O.(Address) Albany, Mo.

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



FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

14683
Do not use this space.

1. PLACE OF DEATH

(a) County Jefferson Registration District No. 309
 (b) Township Deerfield Primary Registration District No. 5428 Registered No. _____
 (c) City Jefferson (d) Street No. _____ 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Kula Jane Cross

(a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 3 11

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as 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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19__

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED June 14, 1938 W. T. Martin Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from 19__ to 19__
 I last saw h. alive on 19__ Death is said to have occurred on the date stated above, at ____ m.
 The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation 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? 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) E. J. Gray, M. D.
 (Address) St. Louis, Mo.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY

