

OCT 23 1940

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

Do not use this space.

32907

1. PLACE OF DEATH

County Rebashe
Township Roubidoux
City (No.)

Registration District No. 214
Primary Registration District No. 5944

File No. 3A
Registered No. 15
St. Ward

2. FULL NAME JOHN HENRY CROSSLAND

(a) Residence, No. Waynesville, Mo. R. Road
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1875 Nov. 16
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 9 13

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 29th, 1940
22. I HEREBY CERTIFY, That I attended deceased from Aug 12th, 1940, to Aug 29th, 1940
I last saw him alive on Aug 25th, 1940. Death is said to have occurred on the date stated above, at 12:30 Am.
The principal cause of death and related causes of importance were as follows:
Peritonitis

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. Farming
10. Date deceased last worked at this occupation (month and year) July 1940
11. Total time (years) spent in this occupation 33

Other contributory causes of importance:
Carcinoma of bladder
Date of onset 8/26

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holden, Mo
13. NAME James R. Crossland
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) London
15. MAIDEN NAME Flannagh Mariott
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) London

Name of operation Open Date of
What test confirmed diagnosis? Was there an autopsy? No

17. INFORMANT Leal Crossland
(ADDRESS) Waynesville
18. BURIAL, CREMATION, OR DISPOSAL
PLACE DATE 8/30, 1940
19. UNDERTAKER
(ADDRESS)
20. FILED 9-2 - 1940 J. G. Roonee
Registrar.

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) C. G. Galbraith M. D.
(Address) Waynesville

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

RECEIVED

District Health Officer No. 3

District File Number 1040971

Date Filed _____