

FILED JUN 16 1941

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

Do not use this space.

17597

1. PLACE OF DEATH

County CALVERTON  
Township LATHROP  
City LATHROP (No.           )

Registration District No. 206  
Primary Registration District No. 5124

File No.             
Registered No. 10 (Ward 0)  
St.           

2. FULL NAME

MATILDA A. CROSS

(a) Residence, No.            St.            Ward.             
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 57 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>FEB. 10 - 1853</u>		
7. AGE	YEARS <u>88</u>	MONTHS <u>3</u>
	DAYS <u>6</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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)	<u>GOLDWELL MO</u>	
FATHER	13. NAME <u>William H. Beckett</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>1 Kentucky</u>	
MOTHER	15. MAIDEN NAME <u>MARY E. Hines</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Howard Mo</u>	
17. INFORMANT (ADDRESS)	<u>Margie Cross</u> <u>Lathrop, Mo.</u>	
18. BURIAL, CREMATION, OR REMOVAL		
PLACE	<u>LATHROP MO</u>	DATE <u>MAY. 09 1941</u>
19. UNDERTAKER (ADDRESS)	<u>De Moss CRUNK</u> <u>LATHROP MO</u>	
20. FILED	<u>5-19-41</u> <u>E. B. Dunder</u> Registrar	

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16 1941

22. I HEREBY CERTIFY, That I attended deceased from May 11 1941, to May 15 1941  
I last saw her alive on May 15 1941 Death is said to have occurred on the date stated above, at 5:30 P.M.  
The principal cause of death and related causes of importance were as follows:  
myocardial Failure  
Senility

Other contributory causes of importance: 92 1/2

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) Nancy Whiting D.D.  
(Address) Lathrop Mo.

EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. OCCUPATION SHOULD BE STATED IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED.



MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Registration District No. 206

Primary Registration District No. 4124

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Clinton

(b) City or town Lathrop  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clinton

(c) City or town Lathrop  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) Citizen of foreign country No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Matilda a Cross

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

20. DATE OF DEATH: Month Mar day 16  
year 1941 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ year

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

7. Birth date of deceased: (Month) (Day) (Year)

8. AGE: Years 88 Months 3 Days 6  
If less than one day hr. min.

Immediate cause of death myocardial failure

Due to \_\_\_\_\_

Due to \_\_\_\_\_

9. Birthplace: (City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name \_\_\_\_\_

13. Birthplace: (City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace: (City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof: (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) 7-18-41 (b) E. B. Duverson  
(Date received local registrar) (Registrar's signature)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? (City or town) (County) (State) \_\_\_\_\_

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? (Specify type of place) \_\_\_\_\_  
(c) Days of injury

23. Signature Henry W. Henry (M. D. or other) \_\_\_\_\_

Address Lathrop Mo Date signed \_\_\_\_\_

SUPPLEMENTARY

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

11

11-11-11