

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

Do not use this space.
Kess
24411
File No. _____
Registered No. 27
St. _____ Ward)

1. PLACE OF DEATH

County Lewis
Township Windsor
City Windsor

Registration District No. 145
Primary Registration District No. 11

2. FULL NAME

William Yance 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 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 28 - 1844

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 4 5

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

PARENTS

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14.

INFORMANT Ed. Cross
(Address) Windsor Mo.

15.

FILED July 3 1929
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 2 1929

17. I HEREBY CERTIFY, That I attended deceased from June 1st 1929, to July 2 1929, and that I last saw him alive on July 2 1929, and that death occurred, on the date stated above, at 2 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Nephritis

Two years (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) Valvular Insufficiency
one (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH Windsor Mo.

19. DID AN OPERATION PRECEDE DEATH? DATE OF WAS THERE AN AUTOPSY? Windsor Mo.

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) B. W. Head M. D.

(Address) Windsor Mo.
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Windsor Mo. July 3 19 29

20. UNDERTAKER ADDRESS

C. A. Raaf Windsor

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.

RECORD

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