

MAR 3 1933

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

Do not use this space.

2848

1. PLACE OF DEATH

County Ray  
Township Ray  
City Lawson (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward)

Registration District No. 742  
Primary Registration District No. 5922a

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

2. FULL NAME Mrs Rebecca Cross

(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

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar-15-1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
81 9 8

8. OCCUPATION OF DECEASED

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

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

10. NAME OF FATHER Wm B. Lofson

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

12. MAIDEN NAME OF MOTHER Elizabeth Braune

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

14. INFORMANT Charles Cross  
(Address) Lawson Mo.

15. FILED Jan 1, 1933 Edwin Shouse REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 2 1933

17. I HEREBY CERTIFY, That I attended deceased from Nov. 11 1932 to Jan. 2 1933 that I last saw h. or alive on Jan. 2 1933, and that death occurred, on the date stated above, at \_\_\_\_\_ A. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chronic Cardio-renal disease  
Chronic Hypertension  
95.27 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 150 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_

IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS Clinical  
(Signed) Detrus E. Buchner, M. D.

Jan. 2, 1933 (Address) Lawson 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 Lawson MO DATE OF BURIAL Jan 3, 1933

20. UNDERTAKER J. M. Ward ADDRESS LAWSON MO

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.

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