

DEPARTMENT OF HEALTH
 DIVISION OF VITAL STATISTICS
 CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Lucas Registration District No. 769 File No. 52760
 Township Primary Registration District No. 8349 Registered No. 2781
 or Village No. 948 Post St. 12 Ward
 or City of Toledo O (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME

Love N. Cross Did Deceased Serve in U. S. Navy or Army
 (a) Residence. No. 948 Post St. 12 Ward. (If nonresident give city or town and State)
 (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

3 SEX Male 4 COLOR OR RACE White 5 Single, Married, Widowed or Divorced (write the word) Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of Monna Long

6 DATE OF BIRTH (month, day, and year) May 12/66

7 AGE Years 61 Months 3 Days 25 If LESS than 1 day hrs. min.

8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Machinist
 (b) General nature of industry, business, or establishment in which employed (or employee)
 (c) Name of employer Willys Overland

9 BIRTHPLACE (city or town) Wisconsin
 (State or country)

10 NAME OF FATHER Unknown Cross

11 BIRTHPLACE OF FATHER (city or town) Wisconsin
 (State or country)

12 MAIDEN NAME OF MOTHER Don't Know

13 BIRTHPLACE OF MOTHER (city or town) Wisconsin
 (State or country)

14 Informant Monna Cross
 (Address) 948 Post

15 Filed 9/16 1927 ARM J. Smith REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Sep 6 1927

17 I HEREBY CERTIFY, That I attended deceased from Sep 6, 1927, to Sept 6, 1927, that I last saw him alive on Sept 6, 1927, and that death occurred, on the date stated above, at 7 a m. The CAUSE OF DEATH* was as follows:

Valvular Disease of Heart
 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (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? (Signed) Chas J. Hengler M. D.
Sep 6, 1927 (Address) Toledo, Ohio

*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. (See reverse side for additional space.)

19 PLACE OF Burial, Cremation, or Removal Woodlawn Cem DATE OF BURIAL Sep 8/27

20 UNDERTAKER W. J. Pankamp ADDRESS 10030 Broadway

20a EMBALMER W. J. Pankamp LICENSE NO. 4574

OCCUPATION is very important. See instructions on back of certificate.