

STATE OF OHIO
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Portage Registration District No. 75621 (8850) 75 File No. 75
Township Aurora Primary Registration District No. _____ Registered No. _____
or Village Seaman Lake No. _____ St., _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 1 1/2 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

2 FULL NAME Frank A. Cross Did Deceased Serve in U. S. Navy or Army _____
(a) Residence. No. Borice Ave St., _____ Ward. _____ DEC 1932
(Usual place of abode) (If nonresident give city or town and State)

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 Anna

6. DATE OF BIRTH (month, day, and year) Jan 29, 1873

7. AGE Years 59 Months 9 Days 13 If LESS than 1 day, _____ hrs. _____ or _____ min.

8. Trade, profession, or particular kind of work done, as Widow Prof. Baseball
sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as Prof. Baseball
saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____ Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Cleveland
(State or country) Ohio

13. NAME Joseph Cross

14. BIRTHPLACE (city or town) Bohemia
(State or country) _____

15. MAIDEN NAME Mary Kuechy

16. BIRTHPLACE (city or town) Bohemia
(State or country) _____

17. INFORMANT Mrs. Anna Cross
and (Address) Seaman Lake

18. BURIAL, CREMATION, OR REMOVAL Richard Cross
Place Cleveland Date Nov 5, 1932

19. UNDERTAKER The S. W. Mather Co
(Address) _____

19a. Was body embalmed. Yes Embalmer's No. 941-a
1932 19 _____
E. M. Thompson
Registrar.

20. FILE No. _____ 19 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from FEB. 29, 1932 to Nov 2, 1932

I last saw him alive on Nov 2, 1932; death is said to have occurred on the date stated above at 11:00 P. m.

THE PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows:

Acute Myocardial Infarction
12/2

Date of onset

not known

CONTRIBUTORY CAUSES of importance not related to principal cause:

Name of operation none Date of _____

What test confirmed diagnosis? Lepton Was there an autopsy? no

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) Harry C. Hurd M. D.

Date 11/2/1932 Address Hiram, O

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.