

MAR 14 1936

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

Do not use this space.

4848

1. PLACE OF DEATH

County Callaway
Township Fulton
City (No.)

Registration District No. 104
Primary Registration District No. 3003

File No.
Registered No. 41

2. FULL NAME

Sylvester Crutchfield

(a) Residence, No. Marshall, Mo

(Usual place of abode)

28 hours

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 28 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED, GIVE NAME OF HUSBAND OF (OR) WIFE OF Bertha Thompson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 9, 1892

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
43 3 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer
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) Marshall, Mo
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) William Crutchfield - ~~Mo~~ Mo13. NAME Marshall, Mo14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pearl Jackson15. MAIDEN NAME Missouri
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard Crutchfield

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Marshall DATE Feb 10 19 3619. UNDERTAKER (ADDRESS) Marshall, Mo20. FILED 2-10-1936 R. N. Creed Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 7, 19 3622. I HEREBY CERTIFY, That I attended deceased from Feb. 6, 19 36, to Feb. 7, 19 36

I last saw him alive on Feb. 7th, 19 36 Death is said to have occurred on the date stated above, at 3:15 P.M.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia

Date of onset

DK

Other contributory causes of importance

ParesisDK

Name of operation none Date of

What test confirmed diagnosis?

Was there an autopsy? none

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?

Date of injury

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. Shay A Hopkins, M. D.
(Signed) Shay A Hopkins

(Address) Fulton 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.

DEC 9 1956