

## PLACE OF DEATH

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATHCounty Lincoln

Township \_\_\_\_\_

Registration District No. 491File No. 38383

Village \_\_\_\_\_

Primary Registration District No. 4298Registered No. 36City Troy (NO. \_\_\_\_\_)

St.: \_\_\_\_\_ Ward) \_\_\_\_\_

[If death occurred in a  
hospital or institution,  
give its NAME instead  
of street and number]

FULL NAME

Edna Myrtle Crouch

## PERSONAL AND STATISTICAL PARTICULARS

SEX Girl COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED Single  
(Write the word)DATE OF BIRTH July 27, 1910  
(Month) (Day) (Year)AGE 1 yrs. 2 mos. 9 ds. IF LESS than  
1 day, \_\_\_ hrs. or \_\_\_ min.?OCCUPATION  
(a) Trade, profession, or  
particular kind of work none  
(b) General nature of industry,  
business, or establishment in  
which employed (or employer) \_\_\_\_\_BIRTHPLACE  
(City or town,  
State or foreign country) Lincoln Co. Mo.NAME OF FATHER Frank B CrouchBIRTHPLACE OF FATHER  
(City or town, State or foreign country) Lincoln Co. Mo.MAIDEN NAME OF MOTHER Bertha McLeanBIRTHPLACE OF MOTHER  
(City or town, State or foreign country) Lincoln Co. Mo.THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) F. B. Crouch(ADDRESS) Troy Mo.Filed Nov Oct 10 1911 BR McKay  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 6, 1911  
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from  
Sept 10, 1911, to Oct 5, 1911,  
that I last saw her alive on Oct 5, 1911,  
and that death occurred, on the date stated above, at 3:02 p.m.The CAUSE OF DEATH\* was as follows:  
11 Marasmus  
158  
(Duration) \_\_\_\_\_ yrs. 3 mos. \_\_\_\_\_ ds.Contributory  
(SECONDARY)  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.(Signed) J. B. Crouch M. D.  
Oct 6 1911 (Address) Troy Mo.\*State the Disease Causing Death, or, in deaths from Violent Causes, state  
(1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR  
RECENT RESIDENTS)At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the  
State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.Where was disease contracted  
if not at place of death? \_\_\_\_\_Former or  
usual residence \_\_\_\_\_PLACE OF BURIAL OR REMOVAL near Troy Mo DATE OF BURIAL Oct 7 1911UNDERTAKER Ed Kempner ADDRESS Troy Mo

# Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health  
Association]

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of cause of death.**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sar-*

*coma*, etc., of \_\_\_\_\_ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

HUGH STEPHENS, JEFFERSON CITY.



PLACE OF DEATH

County Lincoln

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Township \_\_\_\_\_  
or  
Village \_\_\_\_\_  
or  
City Tray (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)Registration District No. 491File No. \_\_\_\_\_  
Primary Registration District No. 4798 Registered No. 36

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME

Eona Uyota Crouch

## PERSONAL AND STATISTICAL PARTICULARS

SEX <u>F</u>	COLOR OR RACE <u>W</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>Single</u> (Write the word)
DATE OF BIRTH <u>7/27</u> (Month) <u>1910</u> (Year)		
AGE <u>1</u> yrs. <u>2</u> mos. <u>9</u> ds.		
OCCUPATION (a) Trade, profession, or particular kind of work <u>None</u>		
(b) General nature of industry, business, or establishment in which employed (or employer) <u>None</u>		

BIRTHPLACE  
(City or town, State or foreign country)  
Lincoln Mo

NAME OF FATHER  
Frank B. Crouch

BIRTHPLACE OF FATHER  
(City or town, State or foreign country)  
Mo.

MAIDEN NAME OF MOTHER  
Beatrice McLean

BIRTHPLACE OF MOTHER  
(City or town, State or foreign country)  
Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) F. B. Crouch

(ADDRESS) Tray

Filed 1/9 1911 S. R. McKay REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH  
10/6 (Month) 1911 (Year)

I HEREBY CERTIFY, that I attended deceased from \_\_\_\_\_, 1911, to 10/5, 1911, that I last saw her alive on " ", 1911, and that death occurred, on the date stated above, at 3 a.m.

The CAUSE OF DEATH\* was as follows:  
Chronic Enterocolitis

Contributory  
(SECONDARY)  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) L. Pendleton M. D.  
(Address) Tray, 1911

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Where was disease contracted if not at place of death? \_\_\_\_\_

Former or usual residence \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL  
Tray

DATE OF BURIAL  
10/7 1911

UNDERTAKER  
C. Kemper

ADDRESS  
Tray

Original file, date NOV 2 1911

All information called for must be written on this Supplementary Certificate.

# Revised United States Standard Certificate of Death

[[Approved by U. S. Census and American Public Health  
Association]]

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*coma*, etc., of \_\_\_\_\_ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

3833