

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

Do not use this space.

7695 1/2

1. PLACE OF DEATH

County Dallas Registration District No. 241 File No. _____
 Township Buffalo no Primary Registration District No. 4447 Registered No. 232
 City Buffalo no (No. _____) St. _____ Ward _____

2. FULL NAME Archie Crutcher

(a) Residence. No. _____ St. _____ Ward _____
 (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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-8-27 1927

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

17. I HEREBY CERTIFY, That I attended deceased from 3-3-27, 1927, to 3-8-27, 1927 that I last saw him alive on 3-8-27, 1927 and that death occurred, on the date stated above, at 1 PM.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. about 37 years

158 10 (duration) yrs. 9 mos. 9 ds.
LABOR PNEUMONIA

8. OCCUPATION OF DECEASED

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

CONTRIBUTORY (SECONDARY) 10 (duration) yrs. _____ mos. _____ ds.

9. BIRTHPLACE (CITY OR TOWN; STATE OR COUNTRY) Dallas Tex Mo

18. WHERE WAS DISEASE CONTRACTED at place of death
 IF NOT AT PLACE OF DEATH, _____

10. NAME OF FATHER Unknown

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

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

WAS THERE AN AUTOPSY? no

12. MAIDEN NAME OF MOTHER Unknown

WHAT TEST CONFIRMED DIAGNOSIS usual

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

(Signed) G. Plummer, M. D.

, 19 (Address) Buffalo 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.

14. INFORMANT (Address) Harley Crutcher Buffalo Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Home DATE OF BURIAL 3-9-27

15. FILED 3/20 1927 Harvey M. ... REGISTRAR

20. UNDERTAKER David J. ... ADDRESS Buffalo Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

