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

Do not use this space.

9092

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 9092

Township ..... Primary Registration District No. 1003 Registered No. 2226

City St. Louis (No. Plaza Hotel St. ..... Ward)

2. FULL NAME John C. Crothers

(a) Residence. No. Plaza Hotel St., 21 Ward.
(Usual place of abode) 3301 Olive (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): widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Emma Crothers

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 29 1856

7. AGE: Years 70 Months 7 Days 5 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED: Secy. Treasurer
(a) Trade, profession, or particular kind of work: & General Mgr. of
(b) General nature of industry, business, or establishment in which employed (or employer): McPheeters Ware House Co.
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Natchez
(STATE OR COUNTRY): Mississippi

PARENTS
10. NAME OF FATHER: John Crothers
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Baltimore
(STATE OR COUNTRY): Maryland
12. MAIDEN NAME OF MOTHER: Sophia Burnier
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Baltimore
(STATE OR COUNTRY): Maryland

14. INFORMANT: John C. Pollock
(Address) 3525 Pine St. St. Louis Mo.

15. FILED ..... 1927 Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 3-4 27

17. I HEREBY CERTIFY, That I attended deceased from Feb 25, 1927, to Mar 4, 1927, that I last saw him alive on Mar 4, 1927, and that death occurred, on the date stated above, at 9 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bilateral Lobar
108 Pneumonia
(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (SECONDARY) [illegible]
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? No. DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Bedside Clinical
(Signed) R. E. Owen M. D
3/5, 1927 (Address) University Club Bldg

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Bellefontaine
DATE OF BURIAL: 3-6-1927

20. UNDERTAKER: Wagoner
ADDRESS: 3621 Olive

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.

[illegible] IS A PERMANENT RECORD

R. E.