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

Do not use this space.

32375

**1. PLACE OF DEATH**

County ..... Registration District No. 791 File No. 9807

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

City St. Louis (No. City Hospital #2 St. ..... Ward)

**2. FULL NAME** Mary Crutcher

(a) Residence. No. 2312 Eugenia St., 22 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX: Female
4. COLOR OR RACE: Col.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 6, 1906

7. AGE: Years 21 | Months 0 | Days 22 | If LESS than 1 day, ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Nil 117A 129
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark.

PARENTS
10. NAME OF FATHER John Crutcher
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Tenn.
12. MAIDEN NAME OF MOTHER Laura ?
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) not known

14. INFORMANT Anna F. Woodard
(Address) City Hospital #2

15. FILED NOV -2 1927 Max C. Starkloff REGISTRAR

**MEDICAL CERTIFICATE OF DEATH** 3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 28, 1927

17. I HEREBY CERTIFY, That I attended deceased from 10/24/, 1927, to 10/28/, 1927 that I last saw her alive on 10/28/, 1927, and that death occurred, on the date stated above, at 10:50 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diffuse Peritonitis

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY) Ruptured Gastric ulcer

(duration) Indefinite yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF DEATH? 1 11 01

DID AN OPERATION PRECEDE DEATH? yes. DATE OF 10/25/27

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) J. J. Thomas, M. D

10/31/, 1927 (Address) City Hospital #2

*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: Washington Park Cemetery
DATE OF BURIAL: 11/3 1927

20. UNDERTAKER: Dunn Bros
ADDRESS: 215 S. Jefferson ave

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.