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

Do not use this space.

39097

1. PLACE OF DEATH

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

Township ..... Primary Registration District No. 1003 Registered No. 154

City St Louis Mo (No. 2922 Lucas Ave St. ..... Ward)

2. FULL NAME Mamie Crutcher

(a) Residence. No. 2922 Lucas Ave St. 21 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

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*)
Female	Colored	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 4th 1886

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	41	1	24	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Domestic
(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) Mississippi

PARENTS

10. NAME OF FATHER Mack Newman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Miss.
12. MAIDEN NAME OF MOTHER Millie Parker
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Miss.

14. INFORMANT Sam Adams
(Address) 2806 Franklin Ave.

15. FILED JAN 5 1928 19 Mary C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-28 - 1927

17. I HEREBY CERTIFY, That I attended deceased from Dec 21st 1927, 19 37 Dec 28, 1927 that I last saw her alive on Dec 28, 19 ....., and that death occurred, on the date stated above, at 6.55 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Non Tubercular
Chronic Bronchitis
Lobar Pneumonia
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Lobar Pneumonia
(duration) 105 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? X
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) S. V. Roberts, M. D.
, 19 (Address) 211 N Market

*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 Greenwood
DATE OF BURIAL Jan. 8th 1928

20. UNDERTAKER A. L. Beal
ADDRESS 2726 Lucas Ave.

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

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