

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

Do not use this space.

3186

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City Affairs Mo (No. 44139 Norfolk Ave)
 Registered No. 806 Sl. 1 Ward)

2. FULL NAME

(a) Residence. No. 44139 Norfolk Ave, 18 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

Female White Married

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

Isaac Cruts

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

Aug 25-1865

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.

62 4 26

8. OCCUPATION OF DECEASED

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

Housework
at Home

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

Mo

10. NAME OF FATHER

Zeke Lowe

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

Mo

12. MAIDEN NAME OF MOTHER

Lucinda Easley

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

Mo

14. INFORMANT (Address) Isaac Cruts
44139 Norfolk Ave

15. Files 22-199 Marble Starkopf
 19.....

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 21 1928

17. I HEREBY CERTIFY, That I attended deceased from June 1, 1927, to Jan 21, 1928
 that I last saw h. w. alive on Jan 13, 1928, and that death occurred, on the date stated above, at 6:25 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Death Dilatation of Heart
92A
95B

CONTRIBUTORY (SECONDARY) Essentially Chronic
 (duration) 1 yrs. 1 mo. 1 da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEED DEATH? DATE OF.....
 WAS THERE AN AUTOPSY?.....
 WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) John W. Downey, M. D.
1-21-1928 (Address) 1703 S. 9 and av

*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 DATE OF BURIAL
New St Marcus Jan 23 1928

20. UNDERTAKER ADDRESS
Archibust Tully 4234
17th Street

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.

PERMANENT RECORD

J. W. Devereux