

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

Do not use this space.

24525

1. PLACE OF DEATH

County Montgomery
Township Prairie
City Isaac (No. Crutcher)

Registration District No. 591
Primary Registration District No. 5489

File No.
Registered No.
St. Ward)

2. FULL NAME

(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

2. SEX Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 9 - 1863

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
65 1 17

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) Farmer
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Montgomery County Mo

10. NAME OF FATHER Solomon Crutcher

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Waverly
(STATE OR COUNTRY) Montgomery Co Mo

12. MAIDEN NAME OF MOTHER Ann Marie Hall

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

14. INFORMANT Carrie Perry
(Address) Corso No. 1750

15. FILED 7/24/28 W. J. Rivin REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from July 21 1928, to July 21 1928, that I last saw him alive on July 21 1928, and that death occurred, on the date stated above, at July 1 1928 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Albinism + enlarged heart with valvular lesions

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH? no DATE OF

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IF NOT AT PLACE OF DEATH.....

WHAT TEST CONFIRMED DIAGNOSIS. clinical

(Signed) H. R. Quinick, M. D.

, 19 (Address) Bellflower and

*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 Middletown Cemetery DATE OF BURIAL 7/23 1928

20. UNDERTAKER W. J. Rivin ADDRESS Bellflower Mo

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.

WRITE PRINTED NAME

