G 87 1928

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

Do not use this space.

27977

1. PLACE OF DEATH
County Montgomery — Registration District No. 591 — File No.
Township Prairie — Primary Registration District No. 5789 — Registered No.
City (No. St. Ward)

2. FULL NAME Mary E. Crutcher
(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

3. SEX Female
4. COLOR OR RACE Negro
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 15-1866
7. AGE Years 62 Months 6 Days 22 If LESS than 1 day, hrs. or min.
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) Housekeeping
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery Co. Mo
PARENTS
10. NAME OF FATHER Edmond Carter
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Pheb. Ann Miller
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown
14. INFORMANT Warren Harris (Address) Corso Mo
15. FILED 8/10 1928 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 7 — 1928
17. I HEREBY CERTIFY, That I attended deceased from 6-31-28, 1928, to Aug 7 — 1928 that I last saw her alive on 6 31 1928, and that death occurred, on the date stated above, at 10 P. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplexy with paralysis
Neuritis with a loss of left
Jan 82A (duration) 2 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 97 Inanition
155 (duration) yrs. mos. 14 ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) H R Minnick, M. D
, 19 (Address) Bellflower, Mo.

*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 Crutcher Cemetery — DATE OF BURIAL 8 9 1928
20. UNDERTAKER A H River — 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.