30 1928

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

Do not use this space.

30962

1. PLACE OF DEATH
County Laurence — Registration District No. 467 — File No.
Township Aurora — Primary Registration District No. 4280 — Registered No. 63
City Aurora (No. 803 Oak ave St. Ward)

2. FULL NAME Juanita Mae Crouch
(a) Residence No. 803 Oak ave St., 2nd 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: white
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) June 3 - 1921

7. AGE: Years 7 | Months 3 | Days 8 | If LESS than 1 day, ... hrs. or ..... min.

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

958

9. BIRTHPLACE (CITY OR TOWN) Barry Co
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER S. M. Crouch
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Barry Co
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Edith Hinson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Barry Co
(STATE OR COUNTRY) Mo

14. INFORMANT S. M. Crouch
(Address) Aurora, Mo

15. FILED 9/11, 1928 R. W. Sinnett REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 11 1928

17. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19.... that I last saw h..... alive on ....., 19...., and that death occurred, on the date stated above, at 7 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
unknown, but supposed to have been cardiac asthma.

attended school yesterday. (duration) unknown mos. ds.

CONTRIBUTORY (SECONDARY) nothing known
(duration) 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? no
WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) Thomas D. Miller, M. D
, 19 (Address) Aurora, 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. Thom

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Calton Cemetery — DATE OF BURIAL: 9/12 1928

20. UNDERTAKER: King Funeral Home — ADDRESS: Aurora 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.