FEB 21 1929

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

Do not use this space.

1086

1. PLACE OF DEATH
County: Greene
Township:
City: Springfield (No. 424 W. Cleveland St. Ward)
Registration District No.: D. T. V. B. Crouch 3/18
Primary Registration District No.: 7101
File No.:
Registered No.: 16

2. FULL NAME: Jannie Bell Crouch
(a) Residence. No. 424 W Cleveland St. Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: James F. Crouch

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug. 6-1902

7. AGE: Years 26 | Months 4 | Days 28 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(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): Mo.

PARENTS
10. NAME OF FATHER: Geo. Routh
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Mo.
12. MAIDEN NAME OF MOTHER: Minnie Lawtell
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Mo.

14. INFORMANT: Frances F. Crouch
(Address): 424 W Cleveland St.

15. FILED 6-7 1929 O C Hurst MD
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): 1-4-1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 24, 1928, to 1-4-29, that I last saw h. alive on 1-4-29, and that death occurred, on the date stated above, at 4:30 AM

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Ischemia following Flu and Pneumonia
IA
10 DA
12 DB (duration) yrs. few days mos. ds.
CONTRIBUTORY (SECONDARY) Flu - Pneumonia
(duration) yrs. mos. 7 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?
(Signed) J V B Crouch, M. D
1/4-1929 (Address) Springfield 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: East Lawn
DATE OF BURIAL: 1-6-1929

20. UNDERTAKER: W. Parish
ADDRESS: Mount

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.

THIS IS A PERMANENT RECORD