

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

Do not use this space.

1827

1. PLACE OF DEATH

County Jackson
Township Kearney
City Kansas City (No. City Hospital)

Registration District No. 399

Primary Registration District No. 1902

File No. 620

Registered No. 2

St. Ward

2. FULL NAME

Chauncy Crutchfield

(a) Residence. No. 1522 Lydia St. 2 Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 0 mos. 0 ds. How long in U.S., if of foreign birth? 0 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF None

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

April 18, 1904

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>23</u>	<u>9</u>	<u>7</u>	

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN)

Kansas City

(STATE OR COUNTRY) Miss.

10. NAME OF FATHER

James M. Crutchfield

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Marshall

(STATE OR COUNTRY) Miss.

12. MAIDEN NAME OF MOTHER

Clara Smith

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Kansas City

(STATE OR COUNTRY) Miss.

14.

INFORMANT Mrs. Clara Nash
(Address) 1402 Euclid Ave

15.

FILED 1-28 1929 M. M. Enne
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

1-25-29

17.

I HEREBY CERTIFY: that I attended deceased from 1929 to 1929, 1929 that I last saw h. live on, 1929, and that death occurred, on the date stated above, at 11 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Homicide
1929
1919

CONTRIBUTORY

(SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? yes DATE OF 1-25-29

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS Autopsy

(Signed) Dr. Enne, M. D.

1-29, 1929 (Address) Deputy Coroner

*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

Highland

Jan. 29, 1929

20. UNDERTAKER

ADDRESS

Adkins Bros

2000 E. 12th

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.

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