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.

JUN 27 1931

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

Do not use this space.

18643

1. PLACE OF DEATH
County Maries Co — Registration District No. 546 — File No.
Township Johnson — Primary Registration District No. 5735 — Registered No. 8
City (No. , St. Ward)

2. FULL NAME Jacob Cruts
(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 25 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ida Bailey
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-25 1858
7. AGE: YEARS 72 — MONTHS 4 — DAYS 9 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 1
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 5-1-31
11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know New Jersey 2

FATHER
13. NAME Jacob J Cruts
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Jersey

MOTHER
15. MAIDEN NAME Dont Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know 31

17. INFORMANT (ADDRESS) Dan Cruts 3120 N. Vandeventer St Louis Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Barnwell Cem DATE 5-25 1931
19. UNDERTAKER (ADDRESS) W E Luckleder
20. FILED June 19 1931 Sam A. Weaver Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-24 1931
22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1931, to 5-24, 1931
I last saw him alive on Mch 10, 1931. Death is said to have occurred on the date stated above, at 3-25 P m.
The principal cause of death and related causes of importance were as follows:
Cerebral Apoplexy — Date of onset
8 P.M.
Other contributory causes of importance:
Name of operation Natural Date of
What test confirmed diagnosis? Was there an autopsy? NO
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify
(Signed) J E Herdenwood, M. D.
(Address) St Louis Mo