APR 28 1932

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

Do not use this space.

9258

1. PLACE OF DEATH

64 County Marion — Registration District No. 548. — File No.

Township Liberty — Primary Registration District No. 5740 — Registered No.

City [illegible] (No. ..... St. ..... Ward)

2. FULL NAME JOHN WESLEY CRUTCHER

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	Colored	Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 25, 1831

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	100	2	13	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Baltimore, Md.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Kado Crutcher

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) New Orleans, La.

12. MAIDEN NAME OF MOTHER Elizabeth Crutcher

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Oklahoma.

14. INFORMANT M. K. Byrum, County Clerk,
(Address) Palmyra, Mo.

15. FILED Mar. 7, 1932. Gertrude Lee, Deputy REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 6th 1932

17. I HEREBY CERTIFY, That I attended deceased from Feby 14th, 1932, to March 6th, 1932, that I last saw him alive on March 6th, 1932, and that death occurred, on the date stated above, at 2:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic myocarditis

93C 93C 137

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Enlarged prostate

(duration) ..... yrs. 1 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? Dont know

0 DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) W. C. Oneal, M.D.

3/7, 1931 (Address) Palmyra 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	DATE OF BURIAL
County Cemetery	3/7 1932
20. UNDERTAKER	ADDRESS
E. T. Sprague	Palmyra Mo