WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

AUG 25 1932

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

Do not use this space.

23480

1. PLACE OF DEATH 69
County Monroe
Township Jackson
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 582
Primary Registration District No. 5779

File No. 53
Registered No. .....

2. FULL NAME Susie May Crutcher

(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 about yrs. 2 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 3, 1901

7. AGE YEARS 31 MONTHS 4 DAYS 16 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

FATHER
13. NAME John Smithey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER
15. MAIDEN NAME Daisy D. Smiley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Ewell Crutcher Paris, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Walnut Grove DATE JUL 21 1932 19

19. UNDERTAKER (ADDRESS) Speed & Blakey Paris, Mo.

20. FILED JUL 20 1932 H C Payne Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUL 19 1932, 19

22. I HEREBY CERTIFY, That I attended deceased from July 19, 1932, to July 19, 1932
I last saw her alive on July 19, 1932 Death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:
Suicide by swallowing Carbolic acid.
1630 163 (1)
Date of onset

Other contributory causes of importance:
none
9

Name of operation ..... Date of .....
What test confirmed diagnosis? The acid Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury July 19 1932
Where did injury occur? Her home near Paris Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
in her home
Manner of injury swallowing Phenol
Nature of injury suicide

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) H C Payne, M. D.
(Address) Paris, Mo.