

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

Do not use this space.

1. PLACE OF DEATH

10 3 County Stoddard  
7 Township Richland  
3 City Essex (No.       )

Registration District No. 839  
Primary Registration District No. 4570

File No. 25116  
Registered No. 21  
St.        Ward       

2. FULL NAME

William J. 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 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 Gene Crutcher

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 2 - 1854

7. AGE YEARS 78 MONTHS 4 DAYS 15 If LESS than 1 day,        hrs. or        min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.       

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) Dover, Tenn.

13. NAME Joseph Crutcher

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

15. MAIDEN NAME Virginia Crutcher

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. C.

17. INFORMANT John L. Crutcher (ADDRESS) Essex

18. BURIAL, CREMATION, OR REMOVAL PLACE Defton Bur. DATE 7-19-1932

19. UNDERTAKER A. O. Bigger (ADDRESS)       

20. FILED 7-18-32 1932 J. P. Brandon Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17, 1932

22. I HEREBY CERTIFY that I attended deceased from May 10 - 1932 to July 17 - 1932  
I last saw        alive on July 17, 1932 Death is said to have occurred on the date stated above, at 6:45 a.m.  
The principal cause of death and related causes of importance were as follows:

acute Parenchymatous Nephritis  
Date of onset May 1932  
Other contributory causes of importance: 130  
130

Name of operation None Date of         
What test confirmed diagnosis Chemical 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. P. Brandon, M. D.  
(Address) Essex, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

10-1-32

