

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

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.

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

Do not use this space.

MAY 22 1933

12627

1. PLACE OF DEATH  
 County Cass Registration District No. 147  
 Township Austin Primary Registration District No. 5210  
 City Archie (No. \_\_\_\_\_, \_\_\_\_\_ St. \_\_\_\_\_ Ward)

2. FULL NAME John Crotty  
 (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Martha Crotty</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 13, 1846</u>				
7. AGE	YEARS <u>87</u>	MONTHS <u>3</u>	DAYS <u>1</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Farmer</u>			
	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) <u>Indiana</u> (STATE OR COUNTRY)				
FATHER	13. NAME <u>Martin Crotty</u>			
	14. BIRTHPLACE (CITY OR TOWN) <u>Ireland</u> (STATE OR COUNTRY)			
MOTHER	15. MAIDEN NAME <u>Eliza Deaton</u>			
	16. BIRTHPLACE (CITY OR TOWN) <u>Virginia</u> (STATE OR COUNTRY)			
17. INFORMANT <u>Mrs. John Crotty</u> (ADDRESS) <u>Archie, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Brufford</u> DATE <u>April, 29 33</u>				
19. UNDERTAKER <u>Atkinson &amp; Easterla</u> (ADDRESS)				
20. FILED <u>4/27</u> <u>Archie, Mo</u> <u>Dr. B. B. L...</u> 19 <u>33</u> Registrar				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Apr 19</u> , 19 <u>33</u>	
22. I HEREBY CERTIFY, That I attended deceased from <u>Apr 14</u> , 19 <u>33</u> to <u>Apr 19</u> , 19 <u>33</u> I last saw him alive on <u>Apr 19</u> , 19 <u>33</u> . Death is said to have occurred on the date stated above, at <u>S.P.M.</u> The principal cause of death and related causes of importance were as follows: <u>Lobar Pneumonia</u> Date of onset <u>4/13</u> 108 Other contributory causes of importance:	
Name of operation _____ Date of _____ What test confirmed diagnosis? _____ Was there an autopsy? _____	
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? _____ If so, specify _____ (Signed) <u>B. B. L...</u> , M. D. (Address) <u>Archie Mo.</u>	

