

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

Do not use this space.

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

1934
25

21. PLACE OF DEATH
 County Carroll Registration District No. 135 File No. 12153
 Township Carrollton Primary Registration District No. 3010 Registered No. 45
 City Carrollton No. _____ St. _____ Ward _____

2. FULL NAME Crawford C 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 M. 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lois Harris
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 16, 1872
 7. AGE YEARS 61 MONTHS 6 DAYS 9 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labourer
 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) Paris Mo.

13. NAME Unknown

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

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT Mrs. Nola Reed (ADDRESS) Carrollton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE 9. Oak Hill DATE 4-27-1934

19. UNDERTAKER Standley (ADDRESS) Carrollton, Mo.

20. FILED 4-27-1934 Wuth Haskins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 25, 1934
 22. I HEREBY CERTIFY, That I attended deceased from 1-1-1934 to 4-25-1934
 I last saw him alive on 4-25-1934. Death is said to have occurred on the date stated above, at 2:30 P.M.
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
 Date of onset 1-1-34
 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) H. B. Brown, M. D.
 (Address) Carrollton, Mo.

