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

Do not use this space.

1. PLACE OF DEATH

County Marion — Registration District No. 548 — File No. 17435

Township Liberty — Primary Registration District No. 5740 — Registered No. 39

City Palmyra (No. County Infirmary St. Ward)

2. FULL NAME James Alvin Crutchlow

(a) Residence, No. County Infirmary 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: 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: Elizabeth Crutchlow

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 2-1859

7. AGE: YEARS 74 — MONTHS 8 — DAYS 17 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Scotland Co. Mo.

FATHER

13. NAME: Don't know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): " "

MOTHER

15. MAIDEN NAME: " "
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): " "

17. INFORMANT (ADDRESS): Henry Crutchlow Palmyra Mo.

18. BURIAL, CREMATION, OR REMOVAL: Hannibal, Mo.
PLACE Mt. Olivet Cemetery DATE May 21- 1934

19. UNDERTAKER (ADDRESS): Ray P. Schwartz Hannibal Mo.

20. FILED 5-21- 1934 Gertrude Lee Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 19- 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1934, to May 19 1934

I last saw him alive on May 18 1934. Death is said to have occurred on the date stated above, at 1:30 a.m.

The principal cause of death and related causes of importance were as follows:

Gastric carcinoma 46B

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Date of onset

Other contributory causes of importance:

Name of operation: None — Date of

What test confirmed diagnosis: Clinical — 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) Dr. W. C. Oneal, M. D.

(Address) Palmyra Mo

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.

JUN 23 1935

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