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.

88
4
3

SEP 12 1934

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

Do not use this space.

30479

1. PLACE OF DEATH
County Randolph
Township ~~Moniteau~~
City Higbee Mo.
Registration District No. 732
Primary Registration District No. 4437
File No.
Registered No. 25
(No. , St. Ward)

2. FULL NAME Claude Crutchfield.

(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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) # -# - 1885

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
49	#	#	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Randolph Co. Mo.

FATHER
13. NAME G. H. Crutchfield.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph Co. Mo

MOTHER
15. MAIDEN NAME Florence Brockman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph Co Mo.

17. INFORMANT (ADDRESS) John Brockman Huntsville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Salem Randolph Co. DATE Aug. 12 1934

19. UNDERTAKER (ADDRESS) Joe W Burton Higbee Mo.

20. FILED Aug. 13 1934 J. W. Wiss Registrar.
By Rankin Little (Dept.)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from August 10, 1934, to Aug. 11, 1934
I last saw him alive on August 11, 1934. Death is said to have occurred on the date stated above, at 10:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Heat Cramps	
191 Cardiac Failure	
	505

Other contributory causes of importance: 191

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? No
If so, specify
(Signed) W. V. Durden D.O.
(Address) Higbee, Mo.