

AUG 9 1935

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**Township..... Primary Registration District No. **1003**City *St. Louis* (No. *City* *Haupt*)2. FULL NAME **Maney S. Crutcher**(a) Residence, No. *517 S. Blwing* St. *Blwing* Ward. *25*

(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 *W* 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) *May 27 - 1894*7. AGE YEARS *41* MONTHS *1* DAYS *26* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Musicien*

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) *Nashville Tenn*13. NAME *John Crutcher*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Nashville Tenn*15. MAIDEN NAME *Bessie Woodfin*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Nashville Tenn*17. INFORMANT (ADDRESS) *Haupt St. City Haupt*18. BURIAL, CREMATION, OR REMOVAL PLACE *Calverwood* DATE *7-26* 193519. UNDERTAKER (ADDRESS) *3029 S. Calverwood*20. FILED *44* *26* 1935 19 *J. A. Pfeiffer* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 23* 193522. I HEREBY CERTIFY, That I attended deceased from *7/11* 1935, to *July 23* 1935.I last saw him/her alive on *7/23* 1935. Death is said to have occurred on the date stated above, at *7:15* p.m.

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

Pulmonary Tuberculosis Date of onsetOther contributory causes of importance: *Cellulitis left foot*

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) *W. C. Morris* M. D.(Address) *City Haupt*

24913

File No.

Registered No. **6349**

St. Ward)

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—THIS IS A PERMANENT RECORD

