

SEP 18 1935

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

Do not use this space.

25835

1. PLACE OF DEATH

County Cassell
Township Carrollton
City Carrollton (No. _____) St. _____ Ward _____

Registration District No. 135
Primary Registration District No. 5188

File No. _____
Registered No. 88

2. FULL NAME Louise N. Crouch

(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George Crouch
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-17-1873
7. AGE YEARS 61 MONTHS 10 DAYS 5 IF LESS than 1 day, _____ hrs. or _____ min.

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

MOTHER FATHER 13. NAME Henry Murphy

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

MOTHER 15. MAIDEN NAME Mauda Johnson

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

17. INFORMANT George Crouch (ADDRESS) Carrollton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Beulah B. C. Bur. DATE 8-24 1935

19. UNDERTAKER (ADDRESS) Halls Funeral Home Carrollton Mo

20. FILED 8-22 1935 W. H. Haskins Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-22 1935

22. I HEREBY CERTIFY, That I attended deceased from 6-21 1935 to 8-22 1935

I last saw her alive on Aug 20th 1935 Death is said

to have occurred on the date stated above, at 3:15 a.m.

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

Carcinoma Date of onset _____
Stomach + Liver ?

Other contributory causes of importance NO

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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) W. G. Atwood, M. D.
(Address) Carrollton 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.

The first part of the report deals with the general situation in the country. It is noted that the economy is still in a state of depression, and that the government is facing a serious financial crisis. The report then goes on to discuss the various measures that have been taken by the government to deal with the crisis, and the results of these measures.

In the second part of the report, the author discusses the social and political situation in the country. It is noted that there is a widespread feeling of discontent among the people, and that the government is losing its popularity. The author also discusses the various political parties and their policies, and the results of the recent elections.

The third part of the report deals with the foreign relations of the country. It is noted that the country is still in a state of isolation, and that it is facing a serious diplomatic crisis. The author discusses the various attempts that have been made to improve the country's international relations, and the results of these attempts.

In the fourth part of the report, the author discusses the future of the country. It is noted that the country is facing a very uncertain future, and that there are many different views as to what should be done. The author discusses the various proposals that have been put forward, and the author's own views on the matter.

The report concludes with a summary of the main points discussed, and a final statement of the author's conclusions. It is noted that the country is in a very difficult position, and that it needs a strong and effective government to deal with the crisis. The author also expresses his hope that the people will soon be able to elect a government that will bring about a new era of peace and prosperity in the country.

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ALL INFORMATION CALLED
 FOR MUST BE WRITTEN ON
 THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Carroll Registration District No. 138-
 Township Carrollton Primary Registration District No. 3788
 City (No. _____) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-22, 1935

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw _____ alive on _____, 19____. Death is said

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

to have occurred on the date stated above, at _____ m.

7. AGE YEARS MONTHS DAYS If LESS than 1 yr. or min.

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

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

Carcinoma of stomach & liver Date of onset _____

9. Industry or business in which work was done, as saw mill, saw mill, bank, etc.

Carcinoma of stomach (primary)

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)

13. NAME

Name of operation _____ Date of _____

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

What test confirmed diagnosis? _____ Was there an autopsy? _____

15. MAIDEN NAME

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

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

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS)

Manner of injury _____

18. BURIAL, CREMATION, OR REMOVAL

Nature of injury _____

PLACE _____ DATE _____, 19____

19. UNDERTAKER (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased? _____

20. FILED 8-22, 1935 John Hashkin Registrar

If so, specify _____ (Signed) W.G. Atwood, M. D.
 (Address) Carrollton mo

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

STATEMENT

OCT 18 1935

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