

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.

*Ferry*

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

Do not use this space.

FEB 23 1936

4292

1. PLACE OF DEATH

County Demary Registration District No. 875  
Township Washington Primary Registration District No. 6162  
City (No. ) St. Ward

File No. \_\_\_\_\_  
Registered No. 4

2. FULL NAME

Tom L. Cruse  
(a) Residence, No. State Hospital # 3 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. 12 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 Viney Cruse  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4 1855  
7. AGE YEARS 80 MONTHS 6 DAYS 2 If LESS than 1 day, hrs. or min.

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

MOTHER 13. NAME Robt. Nelson Cruse

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

15. MAIDEN NAME Sarah A. Bass

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

17. INFORMANT Vina Cruse Bolivar, Mo. (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Belivar Mo. DATE Jan 6, 1936

19. UNDERTAKER Ferry Funeral Home (ADDRESS) Madras, Missouri

20. FILED 1-5 1936 M. Cichinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 5 1936

I HEREBY CERTIFY That I attended deceased from Dec. 24 1935 to Jan 5 1936  
I last saw him alive on Jan 4 1936. Death is said to have occurred on the date stated above, at 2:35 a.m.  
The principal cause of death and related causes of importance were as follows:

arteriosclerosis with chronic myocarditis Date of onset ?  
Broncho pneumonia 10 days (primary)  
Other contributory causes of importance none

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) T. T. O'Dell, M. D.  
(Address) Nevada, Mo.

