

APR 24 1936

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

Do not use this space.

12092

3

## 1. PLACE OF DEATH

County

Ray

Registration District No.

740

Township

Primary Registration District No.

0042

City

Hardin

(No.)

St.

Ward)

## 2. FULL NAME

John Samuel Cruse

(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.

da.

## 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

Sarah Alice Cruse

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

April - 18 - 1865

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, ..... hrs.  
or ..... min.

72

10

17

OCCUPATION

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

Banker &amp;

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

Plumber

10. Date deceased last worked at  
this occupation (month and  
year)..... 7 - 193011. Total time (years)  
spent in this  
occupation..... 5-812. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Ornet  
Missouri

FATHER

13. NAME

Abraham Cruse

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

Ind

MOTHER

15. MAIDEN NAME

Nancy Jayne Chavagne

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

Ind

17. INFORMANT  
(ADDRESS)Helen Cruse Grove  
Hardin, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Laurelock Cem DATE Mar - 7 - 1936

19. UNDERTAKER  
(ADDRESS)Jno W Knipfchild  
Hardin, Mo

20. FILED

Mar 7 1936 H. A. Wilkoff  
Registrar

## MEDICAL CERTIFICATE OF DEATH

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

Mch 6 1936

22. I HEREBY CERTIFY, That I attended deceased from

1928, to Mch 6 1936

I last saw him alive on Mch 6 1936 Death is said

to have occurred on the date stated above, at 9:30 A.M.

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

Chronic Myocarditis

Date of onset  
1934  
(?)

Other contributory causes of importance:

Chronic Interstitial Nephritis (?)

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)

Carl H Reed

M. D.

(Address)

Hardin

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.

