

DEC 20 1936

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

Do not use this space.

41710

1. PLACE OF DEATH

County Johnson Registration District No. 431  
Township \_\_\_\_\_ Primary Registration District No. 3023  
City Warrensburg (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 146

2. FULL NAME

John Manlyff 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) widower  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 31, 1851  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
85 0 27.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Lawyer  
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) Clystone Co. Mo.

13. NAME John Crutchfield

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

15. MAIDEN NAME Flora Staley

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

17. INFORMANT Max Wm Robertson  
(ADDRESS) Warrensburg, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Grave Cem. DATE Nov. 29, 1936

19. UNDERTAKER Sweeney-Phillips  
(ADDRESS) Warrensburg - Mo.

20. FILED Nov. 29, 1936 Eva Henley  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1936, to Nov 28, 1936  
I last saw him alive on Nov. 27, 1936 Death is said to have occurred on the date stated above, at 8:30 P.M.

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

chronic hypochloria  
Date of onset 5  
Other contributory causes of importance: 1931

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? W 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) E. J. Hudson M. D.  
(Address) Warrensburg Mo.

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.

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