

DEC 3 1936

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

Do not use this space.

1. PLACE OF DEATH

County Morgan  
Township Buffalo  
City (No. ....) (St. ....) (Ward ..)

Registration District No. 598  
Primary Registration District No. 5794

File No. 49229  
Registered No. 51

2. FULL NAME

Unnamed Baby Crouse  
(a) Residence, No. .... St. .... Ward. ....  
(Usual place of abode)  
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE White 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) Oct-22-1936

| 7. AGE | YEARS    | MONTHS   | DAYS     | IF LESS than 1 day, .....hra. or .....min. |
|--------|----------|----------|----------|--|
|        | <u>0</u> | <u>0</u> | <u>0</u> |  |

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

13. NAME John Crouse

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

15. MAIDEN NAME Mildred Conwell

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

17. INFORMANT (ADDRESS) John Crouse  
Versailles Mo Star Route

18. BURIAL, CREMATION, OR REMOVAL PLACE Ritchie DATE Oct 23 1936

19. UNDERTAKER (ADDRESS) W. F. Kidwell  
Versailles, Mo

20. FILED Oct 28 1936 W. H. Lett  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 22 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 22 1936, to Oct 22 1936

I last saw h. .... alive on still born, 19... Death is said to have occurred on the date stated above, at..... m.

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

Stillbirth  
prematurely born  
umbilical cord circling  
neck two times  
Date of onset .....

Other contributory causes of importance:  
Umbilical cord circling  
neck two times

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? No  
If so, specify .....  
(Signed) John Hasbun, M. D.  
(Address) Versailles, Missouri

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.

