51 JUL 31 1937

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

Do not use this space.

24586

1. PLACE OF DEATH
County Phelps
Township N. Dillon
City ..... (No. ....., ... St. ..... Ward)
Registration District No. 678
Primary Registration District No. 5902
File No. .....
Registered No. .....

2. FULL NAME Alfred Cruts
(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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Lola May Cruts ~~Mary Cruts~~

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 11-1881

7. AGE: YEARS 56 | MONTHS 1 | DAYS 27 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) 1-1-1933
11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Light Mo

FATHER
13. NAME: H H Cruts
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New Jersey

MOTHER
15. MAIDEN NAME: Mary Mills
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

17. INFORMANT (ADDRESS): Mary Cruts Vichy Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Barnwell Cem DATE 6-10 1937

19. UNDERTAKER (ADDRESS): W E Lickleder St James Mo

20. FILED 6-10-1937 Mrs. W. J. Houx Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-8, 1937

22. I HEREBY CERTIFY, That I attended deceased from 6/8, 1937, to 6/8, 1937
I last saw him alive on 6/8, 1937. Death is said to have occurred on the date stated above, at 9:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	6/8/37

Other contributory causes of importance: Hypertension

Name of operation none 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? .....
If so, specify .....
(Signed) William H Brun M. D.
(Address) St James, 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.

Item 5 chgd by affdvt 12-23-57

DEC 9 1957

DEC 23 1957

1. Affidavits containing erasures will not be accepted; draw one line through error and write above it.
2. An item already amended once by affidavit cannot be amended again by affidavit.
3. A surname is changed by court order or by adoption or legitimation procedures.

Form V. S. 460

The Division of Health of Missouri
BUREAU OF VITAL STATISTICS

State File No.

State of Missouri
County of Phelps } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No.

On this 20th day of December, 1957, before me appears Oral Licklider, who, upon his oath, states that the original record of ~~birth~~ death for Alfred Cruts, ~~born~~ died June 8, 1937, in the State of Missouri, and which was filed at Jefferson City, Missouri on 6-10-37, 19, should be corrected as follows:

Item No. 5A should read Lola May Cruts

Instead of Mary Cruts

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Oral E Licklider

None
Relationship.

St. James, Mo.
Present Address.

Subscribed and sworn to before me this 20th day of December, 1957.

My Commission expires Jan. 5th, 1959

Leslie Victor Cahill
Notary Public.

LICKLIDER FURNITURE & UNDERTAKER

ESTABLISHED 1913 · PHONE 75

ST. JAMES, MISSOURI

12-20-57

State Board of Health

Jefferson City, Missouri

Gentlemen:

This is to certify that I am the son of W.E. Licklider, deceased who now owns the Licklider Furniture & Undertaker. I also helped my father when he took care of Alfred Cruts. I also know the family well. Mary Cruts in Item 5A was the Mother of Alfred Cruts and not the Wife. Lola May Cruts is the wife of Alfred Cruts, deceased. Therefore item 5a should read Lola May Cruts instead of Mary Cruts.

Oscar E. Licklider

Undertaker

Subscribed and sworn to before me this 20th day of December 1957 A.D.

My Commission expires: Jan. 5th, 1959.

Leslie Victor Cahill

Notary Public