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.

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

Do not use this space.

REC'D MAY 17 1938

1. PLACE OF DEATH

County: BUCHANAN — Registration District No.: 85 — File No.: 14079

Township: ~~WASHINGTON~~ — Primary Registration District No.: 1001 — Registered No.: 441

City: ST. JOSEPH, (No. MISSOURI METHODIST HOSPITAL St. ..... Ward) 6

2. FULL NAME: WILLIAM M CROUCH

(a) Residence, No. 2608 RENICK STREET, St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. mos. 14 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: NELLIE Crouch

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): APRIL 16, 1868

7. AGE: YEARS 70 — MONTHS 0 — 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.: RETIRED CARPENTER
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): UNK
11. Total time (years) spent in this occupation: UNK

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ADEL, IOWA

FATHER

13. NAME: NEWTON CROUCH
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): UNKNOWN INDIANA

MOTHER

15. MAIDEN NAME: MAHALY HASTY
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): UNKNOWN ILLINOIS

17. INFORMANT (ADDRESS): LAURA ROBERTS, 2608 RENICK ST. ST. JOSEPH

18. BURIAL, CREMATION, OR REMOVAL
PLACE: MEMORIAL PARK CEM. DATE: APRIL 20, 1938.

19. UNDERTAKER (ADDRESS): FLEEMAN & SON, INC. 1946 COLHOUN ST. ST. JOSEPH, MO.

20. FILED: April 19, 1938 H. J. Nestlehuck By J. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): APRIL 18, 1938. 19

22. I HEREBY CERTIFY, That I attended deceased from April 13 1938 to April 18, 1938
I last saw him alive on April 18 1938. Death is said to have occurred on the date stated above, at 6:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	1937
Chronic glomerular nephritis	1937
Chronic fibrous myocarditis	1937
Generalized arteriosclerosis	1937
131	
Other contributory causes of importance: Cardiac decompensation	1938

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) Cabray Wortley, M. D., M. D.
(Address) 731 Faraon St. St. Joseph, Mo.

APR 20 1949