

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.

REC'D SEP 16 1938

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

Do not use this space.

28269

1. PLACE OF DEATH
9 County Bollinger Registration District No. 66
1 Township Lutesville Primary Registration District No. 4038
0 City Lutesville (No. _____ St. _____ Ward _____)

2. FULL NAME Richard Marmaduke Croft 613
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 42 yrs. - mos. - ds. (If nonresident, give city or town and State)
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 Emma M. Croft

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 16, 1871

7. AGE YEARS 66 MONTHS 9 DAYS 4 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Whitewater, Mo.

13. NAME George Croft

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

15. MAIDEN NAME Nancy Fox

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Travel Hill, Mo.

17. INFORMANT Richard E. Croft
(ADDRESS) Ellen Allen, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Baker Cemetery DATE Aug, 21st 1938

19. UNDERTAKER Baker Funeral Home
(ADDRESS) Lutesville, A. J. Baker

20. FILED 8, 22 1938 Willie A. Dan Ambush
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug, 20th 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 6-30A m.

The principal cause of death and related causes of importance were as follows:
Apoplexy,
No medical attendance.

Other contributory causes of importance: _____

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? _____
If so, specify _____
(Signed) Andrew J. Baker Croft
(Address) Lutesville, Mo.

12/25/66