

APR 20 1939

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

Do not use this space.

11869
707

1. PLACE OF DEATH
 County Pettis Registration District No. 668
 Township _____ Primary Registration District No. 3032
 City Sedalia (No. _____) St. _____ Ward _____
 2. FULL NAME Madara Crouch
 (a) Residence, No. 300 N. Monticau 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 <u>F</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 25 - 1922</u>		
7. AGE YEARS <u>17</u>	MONTHS <u>0</u>	DAYS <u>22</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	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) <u>Sedalia, Mo.</u> (STATE OR COUNTRY) <u>0</u>		
MOTHER FATHER	13. NAME <u>Engine Crouch</u> <u>0</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>Butler</u> (STATE OR COUNTRY) <u>Missouri</u> <u>0</u>	
	15. MAIDEN NAME <u>Laura Bell Ellis</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>Kansas City, Mo.</u> (STATE OR COUNTRY) _____	
17. INFORMANT <u>William E. Crouch</u> (ADDRESS) <u>300 N. Monticau</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sedalia, Mo.</u> DATE <u>Mar. 21, 1939</u>		
19. UNDERTAKER <u>Price Alexander</u> (ADDRESS) <u>400 W. Cooper</u>		
20. FILED <u>March 21, 1939</u> <u>Mrs. Harry Sneed</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/19, 1939

22. I HEREBY CERTIFY, That I attended deceased from 3/2, 1939, to 3/19, 1939. I last saw him alive on 3/19, 1939. Death is said to have occurred on the date stated above, at 5 p. m.

The principal cause of death and related causes of importance were as follows:
Septic Septicemia Date of onset _____

Other contributory causes of importance:
Cholera 145h

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) D. W. Barry, M. D.
Seasing (Address) _____

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.

RECEIVED
District Health Officer No. 8,
District File Number 4710/39
Date Filed