

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

Do not use this space.

10399

APR 24 1929

PLACE OF DEATH

County Henry
Township Clinton, Mo
City Clinton, Mo

Registration District No. 347
Primary Registration District No. 3018

File No. _____
Registered No. 42
St. _____ Ward _____

2. FULL NAME Catherine McLane Crouch

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 1 1929

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Don't know

I HEREBY CERTIFY, That I attended deceased from Feb 23 1929, to Mar 1 1929, and that I last saw h. alive on Mar 23 1929, and that death occurred, on the date stated above, at 9 P.M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Don't know
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. About 85

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Labov Pneumonia

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

CONTRIBUTORY (SECONDARY) None

9. BIRTHPLACE (CITY OR TOWN) Don't know
(STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH. None

10. NAME OF FATHER Don't know

19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't know
(STATE OR COUNTRY)

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) Quinn A. Poague M.D.

12. MAIDEN NAME OF MOTHER Don't know

(Address) Clinton Mo.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT Mrs. Conner
(Address) Clinton, Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Clinton Mo DATE OF BURIAL 3/8 1929

15. FILED Mar 9 1929 Dr. E. C. Peeler
REGISTRAR

20. UNDERTAKER Spouwen ADDRESS Clinton Mo.

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.

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