

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.

DEC 18 1936

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

Do not use this space.

41061

1. PLACE OF DEATH

County Henry Registration District No. 352
Township Deepwater Primary Registration District No. 5499
City Deepwater (No. _____) St. _____ Ward _____

2. FULL NAME Emma Jane 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 M. M. Crouch

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-13-1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 2 4

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) (STATE OR COUNTRY) Missouri

13. NAME W. E. Duke

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

15. MAIDEN NAME Elizabeth Carleton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Ray Crouch
(ADDRESS) Deepwater, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Traylor Chapel DATE 11-19 1936

19. UNDERTAKER Sam Hunt
(ADDRESS) Deepwater, Mo

20. FILED Nov 18 1936 Mr. Clara T. Harwood
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-17 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-24 1936 to 11-17 1936

I last saw h. e. y. alive on 11-17 1936. Death is said

to have occurred on the date stated above, at 7:10 P. m.

The principal cause of death and related causes of importance were as follows:

Arthritis, Knees, Anca
Spleen
Enormous Hemorrhoids used
hemorrhoid
Splenic Calcification

Other contributory causes of importance:

Name of operation None Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1936

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? Yes

If so, specify _____

(Signed) Ed. C. Peeler, M. D.

(Address) Clinton Mo

