

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

Do not use this space.

44553

JAN 19 1937

1. PLACE OF DEATH

County Henry Registration District No. 352
 Township Bear Creek Primary Registration District No. 5494
 City (No. _____) St. _____ Ward _____

2. FULL NAME Marion M. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 26 1860

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
76 3 21

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

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) South West Mo

13. NAME Wm M Crouch

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

15. MAIDEN NAME Lizabeth Heston

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Union Mo

17. INFORMANT (ADDRESS) Wilee Crouch

18. BURIAL, CREMATION, OR REMOVAL PLACE Travis Chapel DATE 12/18/36

19. UNDERTAKER (ADDRESS) J. Hanning

20. FILED Dec 18 1936 Mrs Clara Harwood

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-17 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-9-36 to 12-17-36

I last saw him alive on 12-14 1936 Death is said

to have occurred on the date stated above, at 4 A.M.

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

Uraemia
General Edema
Cardio-Vascular
Renal Disease

Date of onset 12/17/36

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis Chin. c. 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) Ed. P. Bellor M. D.

(Address) Clinton Mo

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.

