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

Do not use this space. 3611

1. PLACE OF DEATH
County St Louis 1 — Registration District No. 791 — File No. 204
Township — Primary Registration District No. 1003 — Registered No.
City St Louis 1 (No. Barnes Hosp. St. Ward)

2. FULL NAME Crouse Nora Pearl Barnes Hosp
(a) Residence. No. Bogata Ill St., 12 Ward. Bogata Ill
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. 1 mos. 8 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: Adam Crouse

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov 13 - 1881

7. AGE: Years 47 | Months 1 | Days 21 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: housewife
(b) General nature of industry, business, or establishment in which employed (or employer): herself
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bogata Ill

PARENTS
10. NAME OF FATHER: Lewis Allen
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown Ohio
12. MAIDEN NAME OF MOTHER: Margaret H Gorrell
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown Illinois

14. INFORMANT: A. H. Crouse
(Address) Bogata Ill

15. FILED JAN 5 1929 Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan. 4th 1929

17. I HEREBY CERTIFY, That I attended deceased from 11-26, 1928, to 1-4, 1929, that I last saw her alive on 1-4, 1929 and that death occurred, on the date stated above, at 2:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tumor of Brain - Malignant
53C
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY)
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? Yes. DATE OF 1/3/29
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) W. H. Hamm, M. D
1/4/1929 (Address) Barnes Hospital

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Honey Cemetery Bogata Ill
DATE OF BURIAL: Jan 6 1929

20. UNDERTAKER: G. W. Reese
ADDRESS: Newton Ill

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.

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