

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

Do not use this space.

36158

1. PLACE OF DEATH

County..... Registration District No. 2002
 Township..... Primary Registration District No.....
 City St. Louis Mo. (No. Bethesda Home.) St. Ward)

File No.....
 Registered No. 10683

2. FULL NAME May Rumsey Crutcher

(a) Residence, No. 539 Clara Ave., St. 5 Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	
		<u>Female</u>	<u>White</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John B. Crutcher</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 30 1856</u>			
7. AGE	YEARS	MONTHS	DAYS
	<u>75</u>	<u>4</u>	<u>20</u>
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>invalid</u>		
	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) <u>Nashville Tenn.</u>			
FATHER	13. NAME <u>Dana G. Rumsey</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Warsaw N.Y.</u>		
MOTHER	15. MAIDEN NAME <u>Amanda Hamlin</u>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lee Mass.</u>		
17. INFORMANT (ADDRESS) <u>William P. Skene 539 Clara Ave.</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Nashville Tenn</u> DATE <u>10 21 31</u>			
19. UNDERTAKER (ADDRESS) <u>William P. Skene 6175 Delmar Blvd.</u>			
20. FILED <u>10 21 1931</u> <u>May G. Stark</u> <u>off</u>			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 20, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct. 14, 1931, to Oct. 20, 1931

I last saw her alive on Oct. 20, 1931. Death is said to have occurred on the date stated above, at 10:30 a.m.

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

Pneumonia
Broncho-pulmonary

Date of onset Oct 14-31

Other contributory causes of importance:
Secondary

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) F. D. Gorman, M. D.
 (Address) 4506 Alvin

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

Registrar.

Hunter Place
~~Academy~~

J. P. Yorkman.