SEP 21 1937

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

Do not use this space.

29655

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No. 3289
City Kansas City (No. Menorah Hosp. St. Ward)

2. FULL NAME Edgar Troy Crouch
(a) Residence, No. 2712 Benton 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. 1 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Letha Crouch

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 4, 1896

7. AGE: 62 — YEARS: 41 — MONTHS: 5 — DAYS: 2 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Unemployed
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Cashier
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): Mo.

FATHER
13. NAME: John T. Crouch
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

17. INFORMANT (ADDRESS): Mrs. Letha Crouch, 2712 Benton

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Forest Hill DATE: Aug. 7, 1937

19. UNDERTAKER (ADDRESS): D. W. Newcomer's Sons

20. FILED: 8-6, 1937 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1937, to August 5, 1937
I last saw him alive on Aug 5, 1937. Death is said to have occurred on the date stated above, at 1:45A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute ulcerative endocarditis with rupture of aortic valve	2 months ago
	2 day

Other contributory causes of importance: 92a

Chr valvular endocarditis of mitral & aortic valve

Name of operation: none Date of
What test confirmed diagnosis? autopsy 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, 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) J. Morris Guesberg, M. D.
(Address) 420 Prof Bldg

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.

Prof. Bldg.