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

Do not use this space.

32420

1. PLACE OF DEATH
County Schuyler Co. Registration District No. 803 File No. 48
Township ..... Primary Registration District No. 4486 Registered No. .....
City Glenwood (No. ..... St. ..... Ward)

2. FULL NAME Erich North

(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): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 7-1843

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
84	00	00	

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden

PARENTS
10. NAME OF FATHER Andrew North
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Sweden
12. MAIDEN NAME OF MOTHER Jane A. Putnam
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Sweden

14. INFORMANT Mrs. Roy Martin
(Address) Glenwood

15. FILED Nov. 3 1927 George Rauebo REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) October 7 1927

17. I HEREBY CERTIFY, That I attended deceased from Aug. 20, 1927, to October 6, 1927, that I last saw him alive on October 6, 1927, and that death occurred, on the date stated above, at 1:20 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Primary lateral sclerosis of spinal cord (duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Several hard falls - senility (duration) ..... yrs. ..... mos. ..... ds.

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18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) E. H. Webster D.O. ~~M.D.~~

Oct. 7, 1927 (Address) Lancaster Mo.

*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: Glenwood Cemetery
DATE OF BURIAL: Oct 8 1927

20. UNDERTAKER: John A. Roberts
ADDRESS: Lancaster Missouri

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should s[illegible] CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very import[illegible]