

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

Do not use this space.

7888

**1. PLACE OF DEATH**

County Buchanan  
Township.....  
City St. Joseph mo (No.....)

Registration District No. 85  
Primary Registration District No. 1001

File No.....  
Registered No. 331  
St. .... Ward)

**2. FULL NAME**

Kitty Northrup  
(a) Residence. No. 519 Isabelle St., Ward.....  
(Usual place of abode)

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. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mr Sidney Northrup

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 22 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
70 3 2 22

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Cook  
(b) General nature of industry, business, or establishment in which employed (or employer).....  
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Jackson miss  
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Charles McVay  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Middle Tenn  
(STATE OR COUNTRY)  
12. MAIDEN NAME OF MOTHER Not Known  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) not known  
(STATE OR COUNTRY)

14. INFORMANT Mr Sidney Northrup  
(Address) 519 Isabelle St.  
John S. Wh  
FILED 15 MAR 15 1928 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3 / 14 1928

17. I HEREBY CERTIFY That I attended deceased from 29 Feb, 1928 to 10 Mar, 1928 that I last saw him alive on 17 Mar, 1928, and that death occurred, on the date stated above, at 5:20 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Embolectomy  
Chronic nephritis

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.....  
DID AN OPERATION PRECEDE DEATH? no DATE OF.....  
WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
(Signed) W. H. Brown, M. D.  
15 Mar 1928 (Address) 1908 Mission

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19. PLACE OF BURIAL, CREMATION, OR REMOVAL Ashland cem. DATE OF BURIAL 3/16 1928

20. UNDERTAKER B. G. Graves ADDRESS 1309 N. 4th

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.

1928

MAR 15 1928

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