

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

Do not use this space.

1. PLACE OF DEATH

County Scotland
Township John J
City Wm E. Northrup

Registration District No. 948
Primary Registration District No. 6060

File No. 11892
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Wm E. Northrup

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

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 Martha Northrup

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 8, 1869

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
58 11 14

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) Scotland
(STATE OR COUNTRY)

10. NAME OF FATHER Elsworth Northrup

11. BIRTHPLACE OF FATHER (CITY OR TOWN) New Jersey
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Fabryter

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Texas
(STATE OR COUNTRY)

14. INFORMANT Martha Northrup
(Address)

15. April 12 1928 Martha Northrup
FILED BY REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 22 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 8, 1927, to Mar 22, 1928, that I last saw him alive on Nov 21, 1924, and that death occurred, on the date stated above, at 11:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
chronic valvular disease of heart
92A

CONTRIBUTORY (SECONDARY) 90A

18. WHERE WAS DISEASE CONTRAICTED
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical
(Signed) A.E. Platter, M.D.
, 19 (Address) Memphis

*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 St. Donaldson cemetery DATE OF BURIAL 3/24/28

20. UNDERTAKER H. W. Payne Sons ADDRESS Memphis

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.

