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

Do not use this space.

21912

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 812 So. 4th. St. St. Ward)

File No. ..... Registered No. 6089

2. FULL NAME Alvin Herman Northcutt

(a) Residence. No. 812 So. 4th. St. St. 22 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 31, 1926

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	11	4	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer) At Home

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis

(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Terry Northcutt

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Louisiana

(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Edna Blanton

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Sullivan

(STATE OR COUNTRY) Mo.

14. INFORMANT Terry Northcutt

(Address) 812 S. 4th. St.

15. JUN -6 1928 Filed, 19.... Mary C. Starkloff Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 4th 1928

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19....., that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 5.30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Status Thymico-Lymphaticus

(duration) 4 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED .....

IF NOT AT PLACE OF DEATH? .....

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

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

6/6, 1928 (Signed) John Dever M. D.

(Address) Dep Coroner

*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	DATE OF BURIAL
St. Mat thews Cemetery	June 7 1928
20. UNDERTAKER A. W. McLaughlin	ADDRESS 1631 Mo. Av.

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD