

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Leeds
City Leeds (No. Leeds Hospital)

Registration District No. 3280
Primary Registration District No. 100

File No. 23766
Registered No. 2892
St. _____ Ward _____

2. FULL NAME

Arthur Lee Northcutt
(a) Residence. No. 25 + Glenwood Ward _____
(Usual place of abode)
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) Divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 26 1889

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ____ hrs. or ____ min.
38 11 9

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

9. BIRTHPLACE (CITY OR TOWN) Leeds
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER J. W. Northcutt

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Lebanon
(STATE OR COUNTRY) Kentucky

12. MAIDEN NAME OF MOTHER Anna Ballena

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

14. INFORMANT (Address) N. C. Suderhaus
Leeds Mo.

15. FILED 7/5 2 PM M. M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 5 1928
17. I HEREBY CERTIFY that I attended deceased from March 14 1928 to July 5 1928 that I last saw him/her alive on July 5 1928 and that death occurred, on the date stated above, at 10:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary tuberculosis
23 31 (duration) _____ yrs. _____ mos. _____ da.
CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ da.

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? Microscopic
(Signed) George O. Del _____ M. D.
7/5, 1928 (Address) 1100 = regular city

*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
19. PLACE OF BURIAL, CREMATION, OR REMOVAL Not Wash DATE OF BURIAL 7/7 1928
20. UNDERTAKER Rose + Henderson ADDRESS 157 Jackson

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 FULLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Syc 1451 M-

R. B. Northcutt Dr. Rec.

1002 Argyle

June 20, 1911