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

Do not use this space.

21537 2675

File No. 2675

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Kaw — Primary Registration District No. 1002

City Kansas City (No. 7133 Agnes St. Ward)

2. FULL NAME Mignant May Northcutt

(a) Residence. No. 7133 Agnes St., 16 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	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feby 13, 1877

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	52	4	2	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At home

(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) Missouri

PARENTS

10. NAME OF FATHER Charles Hopkins

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

12. MAIDEN NAME OF MOTHER Ramey

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

14. INFORMANT Paul Hopkins
(Address) 7326 Chestnut

15. FILED 6/16, 1929 M. M. Crowe asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 15, 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 28, 1929, to June 15, 1929 that I last saw her alive on June 13, 1929, and that death occurred, on the date stated above, at 2:35 A. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Acute Myocarditis

48

93A

(duration) — yrs. 2 mos. — ds.

CONTRIBUTORY (SECONDARY) Carcinoma Uterus

(duration) 2 yrs. — mos. — ds.

46

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam

(Signed) H. Mather, M. D.

6/N, 1929 (Address) 1207 Rialto Bldg

*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 Cremation Elmwood Cem.

DATE OF BURIAL 6/17 1929

20. UNDERTAKER Stine-McClure

ADDRESS 3235 Gillham Plaza City

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.

WHITE, BLANKET, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Dr. H. F. Mather
1207 Rialto Bldg.,
MA-0782 2-30