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

Do not use this space.

39613

1. PLACE OF DEATH
County: Barry
Township: Liberty
City: Cutter (No. ..... St. ..... Ward)
Registration District No. 34
Primary Registration District No. 5050
File No. .....
Registered No. 22

2. FULL NAME: Benjamin Franklin Northcutt

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept. 26, 1849

7. AGE: Years 80 | Months 3 | Days 6 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer. 114B
(b) General nature of industry, business, or establishment in which employed (or employer): 16
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Boone Co.
(STATE OR COUNTRY): Mo.

PARENTS

10. NAME OF FATHER: Jol Jr. Northcutt
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ky.
12. MAIDEN NAME OF MOTHER: Park.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ky.

14. INFORMANT: Clyde Northcutt
(Address): Purdy Mo.

15. FILED Dec. 26 29 Mrs. W. P. Sears REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 26 1929

17. I HEREBY CERTIFY, That I attended deceased from about 6 am ....., 19..., to ....., 19..., that I last saw him alive on ....., and that death occurred, on the date stated above, at 6 am. THE CAUSE OF DEATH* WAS AS FOLLOWS: Found dead under a tree. Cow was out. Milking. Heart Failure. Examined body in presence of his Friends & Neighbors. Sudden death (duration) Dec 26 1929 mo. ..... da.

CONTRIBUTORY (SECONDARY) Due to Heart failure
Supposed Bladder (duration) ..... mo. ..... da.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Not to my knowledge
DID AN OPERATION PRECEDE DEATH? No
WAS THERE AN AUTOPSY? Very little ali
WHAT TEST CONFIRMED DIAGNOSIS? None
(Signed) O. S. Overton, M. D.
, 19 (Address) Purdy Mo

*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: Corsicana
DATE OF BURIAL: 12-28 1929

20. UNDERTAKER: Blankenship & Barr.
ADDRESS: Purdy Mo

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.

Departure date