

NOV 26 1930

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

Do not use this space.

33831

1. PLACE OF DEATH
 County Ralls Registration District No. 724
 Township Laverston Primary Registration District No. 5-9-5-8
 City Blanco (No. Blanco) St. Blanco Ward ()

2. FULL NAME Katie Northcutt
 (a) Residence. No. Blanco, Missouri St. Blanco Ward Blanco
 (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 Female 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 John Northcutt

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 25-1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 2 29 - - -

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
not known
Missouri

PARENTS

10. NAME OF FATHER Daniel W. Wood

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)
not known
New York

12. MAIDEN NAME OF MOTHER Elizabeth Wilson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)
not known
Missouri

14. INFORMANT John Northcutt
 (Address) Blanco, Mo

15. FILED 11-1, 1930 W. M. Smith REGISTERED

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 24 1930

17. I HEREBY CERTIFY, That I attended deceased from Blanco, Missouri, 1930, to Blanco, Missouri, 1930, and that I last saw him alive on Oct 24, 1930, and that death occurred, on the date stated above, at 7:30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Direct cause of death
Myocardium
200 R

(duration) 1 yrs. 5 mos. 5 ds.

CONTRIBUTORY (SECONDARY) 200 B
 (duration) 1 yrs. 5 mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH Blanco, Missouri

DID AN OPERATION PRECEDE DEATH? No DATE OF 10-25-1930

WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) R. H. Hulse - Carver, M.D.
10-25-1930 (Address) Center 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 Mt. Olivet DATE OF BURIAL Oct 27 1930

20. UNDERTAKER Wm M. Smith ADDRESS 902 Broadway Hannibal, 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. WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD

