

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

Do not use this space.

24211

1. PLACE OF DEATH

County Boone
Township Columbia
City _____ (No. _____)

Registration District No. 73
Primary Registration District No. 5112

File No. _____
Registered No. 151
St. _____ Ward _____

2. FULL NAME

Mr Sumie C. Northcutt
(a) Residence. No. Columbia Mo Rtd 2 Ward. _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 30 - 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. _____ min.
69 10 6

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) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Mt Sterling
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Robert Marion Smith

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mt Sterling
(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Martha Ann Cady

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mt Sterling
(STATE OR COUNTRY) Mo

14. INFORMANT Emma L. Ford
(Address) Columbia Mo Rtd 2

15. FILED 7/11/31 1931 F. C. Suggett
REGISTRAR
by Selby

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 9 1931

17. I HEREBY CERTIFY, That I attended deceased from Aug 11, 1930, to July 9, 1931
that I last saw h. or _____ alive on July 9, 1930, and that death occurred, on the date stated above, at 5:35 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Stomach
50 (duration) yrs 7 mos. ds.

CONTRIBUTORY (SECONDARY) Carcinoma of Breast
(duration) yrs _____ mos. ds. _____

18. WHERE WAS DISEASE CONTRACTED at home
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? yes DATE OF March 5 - 1930

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Lat. removal of breast
(Signed) W. H. Phat M. D.

, 19 (Address) Columbia 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 DATE OF BURIAL

Oak Chapel Cemetery July 11 1931

20. UNDERTAKER B. E. Baker ADDRESS Columbia 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.

AUG 24 1931

THIS IS A PERMANENT RECORD

