

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

*Harvey*  
Do not use this space.

16739

1. PLACE OF DEATH  
 County *Macon* Registration District No. *533*  
 Township *Macon* Primary Registration District No. *3027*  
 City *Macon* (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME *Hattie Northcott*  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ 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) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *W. L. Northcott*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept 22 - 1872*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
*59 7 25*

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation *89*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*

FATHER  
 13. NAME *Thomas Wilkinson*  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Virginia*

MOTHER  
 15. MAIDEN NAME *Tenny Welliams*  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Virginia*

17. INFORMANT *W. L. Northcott*  
 (ADDRESS) *macon mo.*

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE *oakwood* DATE *5/20/1932*

19. UNDERTAKER *Albert Skinner*  
 (ADDRESS) *macon mo.*

20. FILED *5/31 1932* *W. L. Northcott*  
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *5/17/1932*

22. I HEREBY CERTIFY, That I attended deceased from *5-17-32* to *5-17-32*  
 I last saw him alive on *5-17-32* Death is said to have occurred on the date stated above, at *3:15 P.M.*  
 The principal cause of death and related causes of importance were as follows:  
*Sudden death.*  
*Cause undetermined*  
*By cerebral hemorrhage*  
*1st most probable*  
 Other contributory causes of importance: *Cardio-vascular disease.*

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? *NO*

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? *NO*  
 If so, specify \_\_\_\_\_  
 (Signed) *A. P. Rowner, M.D.*  
 (Address) *macon mo.*

JUN 28 1932

