

OCT 12 1934

OCT 2

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

Do not use this space.

1. PLACE OF DEATH

County NebraskaRegistration District No. 896Township YorkPrimary Registration District No. 6198City Manchester, Mo (No.)File No. 22975-2Registered No. 32

St. Ward)

2. FULL NAME

(a) Residence, No. Sarah J. C. Northern St., 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. P. Northern6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr-15-18507. AGE YEARS 84 MONTHS 7 DAYS 15 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.13. NAME George Kensing14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known15. MAIDEN NAME Rebecca Bradley16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known17. INFORMANT Miss J. A. ... (ADDRESS) Manchester, Mo18. BURIAL, CREMATION, OR REMOVAL PLACE not alive DATE July 2 193419. UNDERTAKER M. Mahan Funeral Service (ADDRESS) Manchester, Mo20. FILED Sept 14 1934 Elizabeth Highfill Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30 1934

22. I HEREBY CERTIFY That I attended deceased from 19....., to 19.....

I last saw h..... alive on 19..... Death is said

to have occurred on the date stated above, at 8:15 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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?

If so, specify

(Signed), M. D.

(Address)

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.

(A.E. Todd, D.C., had attended Mrs. Northern several years)

Certificate refused on grounds that ⁽¹⁾ I was not the regular practitioner in charge of this case.

(2) - I never treated her.

(3) - I don't know what she died of.

² I saw Mrs. Northern on June 3, 1934, while A.E. Todd, D.C., was away, at the request of Mrs. Mary Todd, her attendant, but ³ did not treat her. Mrs. Todd just wanted to divide the responsibility. C.P. McDonnell M.D.

1934.

S-22975-B

G. E. Z. D. C.

In regard to the death certificate
of Sarah J. C. Northern.

The undertaker, Mr. McMahon
has tried to get this certificate signed
but the last Dr. to see her was
C. R. Macdonnell, ^{M.D.} and he refuses to
sign it for he says he did not make
a professional call, but the under-
taker, ask the County Court if he
presented his bill (as it was a county
case) and he did present his bill
and the County paid him for the call.

Mr. Todd, D.C. refuses to sign it, as he
says he was not the last Dr. to call on
her. He was away on a vacation, and
they called C. R. Macdonnell: M.D.

DR. A. E. TODD
CHIROPRACTOR
HOME CALLS A SPECIALTY

Frederick Co

~~Office Phone 73J~~
~~Residence Phone 73W~~
306 Lucas Ave.

MARSHFIELD, MISSOURI
Nov. 7, 1934.

april

Herman S. Gove, M. D.
Jefferson City, Missouri.
Dear Dr. Gove:

In reply to your letter of Oct. 28, I beg to submit the following reply.

My last professional visit to attend Sarah J. C. Northen, was on March 17th, 1934.

Mrs Northen was a person of unsound mind and I had been her Guarnian for some time, hence the report that I had been in attendance.

At the time of her last sickness I was making a tour of some of the western states, so I am in no position to know what her last and final sickness really was, never even knew that she was ill until just previous to her death.

Doctor I am very sorry thah I am unable to furnish the desired information, but I do feel as though Dr. McDonnell should shoulder his own responsibilities.

Hoping this will clear up this matter so that you may get the information desired from the one who is supposed to be in a position to furnish it,

I am sincerely yours,

A. E. Todd, D. C.

A. E. Todd. D. C.