

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.

70
AUG 14 1934

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

Do not use this space.

1. PLACE OF DEATH

County Montgomery
Township Lafayette
City Bluffton, Mo. (No. _____)

Registration District No. 594
Primary Registration District No. 43052
57882

File No. 25639
Registered No. 13
St. _____ Ward _____

2. FULL NAME

Annie Northern

(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 Grant Northern,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 12th-1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 4 8

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
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) Bluffton
(STATE OR COUNTRY) Montgomery Co. Mo.

FATHER
13. NAME Samuel McClatchey, 70

14. BIRTHPLACE (CITY OR TOWN) Amistion Co.
(STATE OR COUNTRY) Paoli.

MOTHER
15. MAIDEN NAME Nancy Gray,

16. BIRTHPLACE (CITY OR TOWN) Clorrien, Co.
(STATE OR COUNTRY) Paoli.

17. INFORMANT Grant Northern
(ADDRESS) Bluffton, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Rest Station DATE 7/22 1934

19. UNDERTAKER Paulson Bates
(ADDRESS) Americus Mo

20. FILED 7-21 1934 Nana Lee Thompson
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20 1934

22. I HEREBY CERTIFY, That I attended deceased from June 21 1934 to July 20 1934
I last saw her alive on July 20 1934. Death is said to have occurred on the date stated above, at 1:15 P.M.
The principal cause of death and related causes of importance were as follows:

Typhoid fever | Date of onset 6-15-34
General Debility

Other contributory causes of importance:
General Debility

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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) O. P. Pauschelbach M. D.
(Address) Rhine land Mo

