

OCT 13 1934

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

Do not use this space.

1. PLACE OF DEATH

County BuchananRegistration District No. 85

Township

Primary Registration District No. 1001City St. Joseph, Mo.(No. Mo. Meth Hosp.)File No. 32046Registered No. 1092

St. _____ Ward _____

2. FULL NAME John Jess Ernest Northern(a) Residence, No. 2610 South 16 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 25, 19347. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
0 1 25

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) St. Joseph, Mo.13. NAME Jess E. Northern14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph, Mo.15. MAIDEN NAME Lillian Carson16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Trenton Mo.17. INFORMANT (ADDRESS) Mrs Jess E. Northern

18. BURIAL, CREMATION, OR REMOVAL

PLACE Memorial Park Cem. DATE Sept. 21, '3419. UNDERTAKER (ADDRESS) H. O. Sidenfaden20. FILED SEP 20 1934Registrar. John L. Bladen

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 20 193422. I HEREBY CERTIFY, That I attended deceased from Sept 1 1934 to Sept 20 1934
I last saw h. im. alive on Sept 20 1934 Death is said to have occurred on the date stated above, at 8:30 a.m.
The principal cause of death and related causes of importance were as follows:Intestinal Obstruction
1570
1220
1120 1570
Date of onset 9-16-34Other contributory causes of importance:
Pyloric Stenosis Congenital
Structure of Ileum, Congenital
Name of operation Pyloro-plasty Date of 9-15-34
What test confirmed diagnosis? _____ Was there an autopsy? Yes23. 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) W. Roger Moore, M. D.
(Address) St. Joseph Mo

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.

Hydrom