

N. B.—Every item of information should be carefully supplied. AGE must 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.

NOV 13 1934

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township _____ Primary Registration District No. 1001
City St. Joseph, Mo. (No. 520 $\frac{1}{2}$ Edmond St.) St. _____ Ward _____

File No. 35313Registered No. 11982. FULL NAME George Walter Northwood

(a) Residence, No. 520 $\frac{1}{2}$ Edmond St. St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jeanettie Aurellia</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 12, 1865</u>		
7. AGE YEARS <u>69</u>	MONTHS <u>6</u>	DAYS <u>19</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Dentist</u>		If LESS than 1 day, _____ hrs. or _____ min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		11. Total time (years) spent in this occupation
10. Date deceased last worked at this occupation (month and year) <u>Oct. 1934</u>		

12. BIRTHPLACE (CITY OR TOWN) Chatham Ontario
(STATE OR COUNTRY) Canada

13. NAME Joseph Northwood

14. BIRTHPLACE (CITY OR TOWN) Buchanan
(STATE OR COUNTRY) Canada

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Buchanan
(STATE OR COUNTRY) Canada

17. INFORMANT Jeanettie Northwood
(ADDRESS) 520 $\frac{1}{2}$ Edmond St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mem. Park DATE Nov 2, 1934

19. UNDERTAKER H. O. Sidenfaden
(ADDRESS) St. Joseph, Mo.

20. FILED 10-31-, 1934 John A. Bender
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 31, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 31, 1934, to Oct 31, 1934

I last saw him alive on Oct 19/34, 19____. Death is said to have occurred on the date stated above, at 10:30 AM.

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

Cerebral hemorrhage
Paralysis Right Side Body Date of onset 3 mos.

4/7/32 had paralysis Right side from cerebral hemorrhage
Other contributory causes of importance: arteriosclerosis

825
820
102

Name of operation _____ Date of _____
What test confirmed diagnosis? Physical Examination 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) W. Thompson, M. D.

(Address) 825 Charles

