

AUG 17 1936

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

Do not use this space.

25785

1. PLACE OF DEATH

County

Cape Girardeau

Registration District No.

120

Township

City

Primary Registration District No.

3909

File No.

Registered No.

237

St.

Ward)

2. FULL NAME

Alfred William Northdurft

(a) Residence, No.

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)

Single

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

Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

April 5 - 1881

7. AGE

YEARS

55

MONTHS

3

DAYS

9

If LESS than 1 day,hrs. ormin.

OCCUPATION

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

Farmer

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)

Cape Girardeau Mo

MOTHER FATHER

13. NAME

Charles W. Northdurft

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

Pisnet Mo

15. MAIDEN NAME

Hannah Schrader

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

Cape Girardeau Mo

17. INFORMANT (ADDRESS)

Lydia Northdurft Cape Girardeau Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Fairmount Cemetery July 16, 1936

19. UNDERTAKER (ADDRESS)

Lorrey A. W. Cox Cape Girardeau Mo

20. FILED

7-14-36 J. M. Thompson Registrar

MEDICAL CERTIFICATE OF DEATH

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

July 14, 1936

22. I HEREBY CERTIFY That I attended deceased from

May 8, 1936, to July 15, 1936

I last saw him alive on July 14, 1936. Death is said

to have occurred on the date stated above, at 4:45 P. M.

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

Acute carcinoma Pylorus

Date of onset

Other contributory causes of importance:

Multiple abscesses of liver

Name of operation

none

Date of

What test confirmed diagnosis?

P. M.

Was there an autopsy?

Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury

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

No

(Signed) Carl P. Wimmermann, M. D.

(Address) Cape Girardeau

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.

