

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.

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

Do not use this space.

DEC 20 1936

41707

1. PLACE OF DEATH

County Johnson
Township
City Warrensburg (No. _____)

Registration District No. 431
Primary Registration District No. 3023

File No. _____
Registered No. 141
St. _____ Ward _____

2. FULL NAME Erles Aaron Northrup

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov-16-1936

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

22. I HEREBY CERTIFY, That I attended deceased from Nov, 1936, to _____, 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May-4-1894

I last saw him alive on _____, 1936. Death is said to have occurred on the date stated above, at 5 P m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 42 6 12

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

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

Suicide by hanging
Date of onset _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warrensburg, Mo.

Other contributory causes of importance: None

13. NAME Alfred C Northrup

Name of operation _____ Date of _____

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

What test confirmed diagnosis? _____ Was there an autopsy? _____

15. MAIDEN NAME Phoebe Sampson

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? suicide Date of injury Nov 16, 1936

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

Where did injury occur Warrensburg, Johnson Co., Mo. (Specify city or town county, and State)
Specify whether injury occurred in industry, in home, or in public place. In home

17. INFORMANT (ADDRESS) Will Albright Warrensburg - Mo.

Manner of injury Hanging
Nature of injury Broken neck

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Hill DATE Nov. 18 1936

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

19. UNDERTAKER (ADDRESS) Sweeney - Phillips Warrensburg, Mo.

(Signed) W. L. Bradley M. P.
(Address) Warrensburg, Mo.

20. FILED Nov. 18 1936 Eva Penby Registrar

