

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

Do not use this space.

1. PLACE OF DEATH

County Madison 74 Registration District No. 625
Township 3 Primary Registration District No. 3031
City Maryville (No. 3)

File No. 12834
Registered No. 33
St. _____ Ward) _____

2. FULL NAME

(a) Residence, No. 309 S. Dewey 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 F. 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph M. Northcutt.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 27, 1855.
7. AGE YEARS 81 MONTHS 3 DAYS 28 IF LESS than 1 day, _____ hrs. or _____ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 25, 1937
22. I HEREBY CERTIFY, That I attended deceased from Mar 2, 1937, to Mar 25, 1937
I last saw her alive on Mar 25, 1937 Death is said to have occurred on the date stated above, at 7:30 a.m.
The principal cause of death and related causes of importance were as follows:

Organic Heart
Influenza
Other contributory causes of importance:
1/5 B2

Name of operation no 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? _____
If so, specify _____
(Signed) H. M. Wallis Jr., M. D.
(Address) Maryville Mo

OCCUPATION

MOTHER FATHER

12. BIRTHPLACE (CITY OR TOWN) Green Bay, Wis. (STATE OR COUNTRY)
13. NAME Frank Baker
14. BIRTHPLACE (CITY OR TOWN) Luxemburg, Germany (STATE OR COUNTRY)
15. MAIDEN NAME Mary Schmidt
16. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)
17. INFORMANT Miss Bertha Northcutt (ADDRESS) Maryville Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Miriam Club DATE 3-29 1937
19. UNDERTAKER Price Funeral Home (ADDRESS) Maryville Mo.
20. FILED 3-26 1937 Mamie E. Clardy Registrar.

CRUSE OF DEATH IN PRIMER TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. Exact statement of OCCUPATION is very important.

