

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

Do not use this space.

REC'D MAR 20 1938

1. PLACE OF DEATH

County Knox Registration District No. 444/5603 File No. 7184
 Township Myrtle Primary Registration District No. 4262 Registered No. 5
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____ (If nonresident, give city or town and State)
 (Usual place of abode)

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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 15 - 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
87 9 23

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

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) Rolls Co Mo

13. NAME Benz F. Northcutt

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

15. MAIDEN NAME Lydia J. Barnard

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

17. INFORMANT J. B. Northcutt (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Ruff City Mo DATE Feb 9 1938

19. UNDERTAKER A. J. Seeger (ADDRESS) Ruff City Mo

20. FILED Feb 9 1938 J. B. Northcutt Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 7 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1938, to Feb 7, 1938
 I last saw him alive on Feb 6, 1938. Death is said to have occurred on the date stated above, at _____ m.

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

Tumor of brain Date of onset _____
5-5-P

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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) Paul McElroy, M. D.
 (Address) Knox City Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

55d

Direct Payment of OCCUPATIONAL TAXES
TO BE PAID BY THE TAXPAYER

THESE TAXES ARE PAID BY THE TAXPAYER
AND ARE NOT DEDUCTIBLE

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AND ARE NOT DEDUCTIBLE

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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7184
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1. PLACE OF DEATH
 (a) County Knock Registration District No. 444
 (b) Township Myrtle Primary Registration District No. 5603 Registered No. _____
 (c) City _____ (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred _____ mos. _____ yrs. mos. ds.
 (How long in U. S., if of foreign birth? _____ yrs. mos. ds.)

2. PRINT FULL NAME Ambrose Dudley Northcott
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED wid
 (write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
87 9 23

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as 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) _____

FATHER
 13. NAME _____
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

MOTHER
 15. MAIDEN NAME _____
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____

19. FUNERAL DIRECTOR (ADDRESS) _____

20. FILED May 3 1938 Rial M Reynolds Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____
 I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Swollen of brain
was unable to determine the kind of tumor
7 tumor
 Other contributory causes of importance: 551-

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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) Rial M Reynolds, M. D.
 (Address) Knock city Mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR THIS SERVICE UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
 CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS SHOULD SIGN AND STATE CITY AND COUNTY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD SIGN AND STATE CITY AND COUNTY SUPPLIED.

S-7184