

REC'D JUL 17 1938

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

Do not use this space.

21250

1. PLACE OF DEATH

County Barry Registration District No. 29
Township Flat Creek Primary Registration District No. 4021
City Cassville (No. Barry County Hospital) St. _____ Ward _____

File No. _____
Registered No. 18

2. FULL NAME

(a) Residence, No. Tom B. Northcutt 637
(Usual place of abode) Seligman, Mo. St. _____ Ward _____
(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) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 21, 1908
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 29 1 1
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. postmaster
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) Jan. 12, 1938
11. Total time (years) spent in this occupation 2

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 22, 1938
22. I HEREBY CERTIFY That I attended deceased from Jan. 12, 1938, to Jan. 22, 1938
I last saw him alive on Jan. 22, 1938. Death is said to have occurred on the date stated above, at 9:00 A.M.
The principal cause of death and related causes of importance were as follows:

Post operative
Thyro Paralyticus
Date of onset 1-19-38

Other contributory causes of importance:

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12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cassville, Mo.
13. NAME Burl Northcutt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
15. MAIDEN NAME Margaret Miller
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

Name of operation appendectomy Date of 1-12-38
What test confirmed diagnosis? clinical Was there an autopsy? no

17. INFORMANT Mrs. Zelma Northcutt
(ADDRESS) Seligman, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Seligman, Mo. DATE Jan. 23, 1938

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 _____

19. UNDERTAKER Blankenships
(ADDRESS) Burdett
20. FILED 7-10 1938 Beal Newman
Registrar.

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Beal Newman M. D.
(Address) Cassville, Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

1 X 2514

