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.

REC'D JUL 14 1938

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

Do not use this space.

21648

1. PLACE OF DEATH
County Clinton — Registration District No. 206 — File No. 9
Township — Primary Registration District No. 5-2-8-4 — Registered No. 9
City Lathrop (No. 4124 St. Ward)

2. FULL NAME William Thomas Northern 631
(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 25 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
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sue C. Northern
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4 25 1857
7. AGE YEARS 81 MONTHS 1 DAYS 12 If LESS than 1 day, hrs. or min.

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. Retired
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) Jefferson County Tenn.

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

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

17. INFORMANT (ADDRESS) Jesse Meyers Lathrop Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Bethel Cemetery DATE 6/9-38
19. UNDERTAKER (ADDRESS) Ole Mills Crunk Lathrop Mo
20. FILED 6-9- 1938 E. B. Dunkeson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/7, 1938
22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1938, to June 7, 1938
I last saw him alive on , 19 Death is said to have occurred on the date stated above, at 10.30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Tuberculosis~~	
Tuberculosis of the bone lung	not known

Other contributory causes of importance:
Arteriosclerosis
22 W

Name of operation — Date of —
What test confirmed diagnosis? — 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? No
If so, specify
(Signed) John Kay, M. D.
(Address) Perrin Mo.