FILED MAR 19 1941

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

Do not use this space.

7580

1. PLACE OF DEATH
County: Marion — Registration District No.: 547 — File No.: 6459
Township: Marion — Primary Registration District No.: 3029 — Registered No.:
City: Hannibal (No. 0 St. Elizabeth Hospital St. 3 Ward)

2. FULL NAME: Maggie Janet Northcutt
(a) Residence, No.: (Usual place of abode) Centenary Community Ward. 0 Laverton, Missouri (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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: S. E. Northcutt
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): September 11, 1874
7. AGE: Years 66 Months 5 Days 3 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home
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): Bethel, Ohio

FATHER
13. NAME: Eber Sprague Crandall
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): (Would Know), Ohio

MOTHER
15. MAIDEN NAME: Martha Harper
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): (Do not know), Ohio

17. INFORMANT: S. E. Northcutt
(ADDRESS) Laverton, Missouri
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Centenary Cemetery DATE: February 16, 1941
19. UNDERTAKER: Roy P. Schwartz
(ADDRESS) Hannibal, Missouri
20. FILED: Feb. 18, 1941 W. C. Fisher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): February 14, 1941
22. I HEREBY CERTIFY, That I attended deceased from June, 1939, to Feb 14, 1941
I last saw h. er alive on Feb 14, 1941 Death is said to have occurred on the date stated above, at 3:27 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Metastasis of Ca	5D
to lung	
Primary in Breast	

Other contributory causes of importance:
Chronic nephritis

Name of operation: none Date of
What test confirmed diagnosis? Clinic 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) J. H. Pemberton M. D.
(Address) 1001 Bixby Hannibal, 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

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