

NOV 4 1938

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

35053  
Do not use this space.

1. PLACE OF DEATH

(a) County Boone Registration District No. 72  
 (b) Township \_\_\_\_\_ Primary Registration District No. 4091 Registered No. 24  
 (c) City Centuria (d) Street No. \_\_\_\_\_ St.  
 (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 yrs. mos. ds. (f) How long in U.S. if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Joseph Lee Northcutt  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-2-71564

7. AGE YEARS 71 MONTHS 2 DAYS 3 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. labored  
 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) Boone

FATHER 13. NAME Leuel Northcutt

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

MOTHER 15. MAIDEN NAME Northcutt

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

17. INFORMANT (ADDRESS) Mrs Mally Northcutt  
Centuria

18. BURIAL, CREMATION, OR REMOVAL PLACE Centuria DATE Oct 2 1938

19. FUNERAL DIRECTOR (ADDRESS) W. McDonald  
Centuria

20. FILED 191 1938 J. H. Baird Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 28, 1938 to Sept. 30, 1938  
 I last saw him alive on Sept. 30, 1938. Death is said to have occurred on the date stated above, at 10:00 a.m.

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

Pulmonary hemorrhage  
(unknown origin)  
as to kidney & heart

Date of onset

Other contributory causes of importance: 1/2

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis Phys. Exam 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) [Signature], M. D.  
 (Address) Centuria no

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.

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Turnover

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No. ....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No..... or by....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

.....  
Licensed Embalmer No.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**