

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

PLACE OF DEATH

County Barry
Township Sugar Creek
or Seligman
Village Seligman
or
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 36
Primary Registration District No. 5052

File No. 33266
Registered No. 17

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Wm Northcutt

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Widower
(Write the word)

DATE OF BIRTH Nov 1, 1897
(Month) (Day) (Year)

AGE 65 yrs. 1 mos. 28 ds. IF LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION (a) Trade, profession, or particular kind of work merchant
(b) General nature of industry, business, or establishment in which employed (or employer) 4-30

BIRTHPLACE (City or town, State or foreign country) Boon Co Mo

PARENTS
NAME OF FATHER Jack Northcutt
BIRTHPLACE OF FATHER (City or town, State or foreign country) Virginia
MAIDEN NAME OF MOTHER Jemima Parley
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Kentucky

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) B.P. Northcutt

(ADDRESS) Seligman Mo
Filed Dec 29 1912 G.T. Northcutt
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 29, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from 11, 1912, to 10, 1912, that I last saw him alive on Dec 28, 1912, and that death occurred, on the date stated above, at 11 m.

The CAUSE OF DEATH* was as follows:
Apoplexy cerebral

82A
(Duration) ___ yrs. ___ mos. ___ ds.

Contributory (SECONDARY) _____ (Duration) ___ yrs. ___ mos. ___ ds.

(Signed) J.B. Harris M. D. Dec 29, 1912 (Address) Seligman Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted if not at place of death?
Former or usual residence _____

PLACE OF BURIAL OR REMOVAL King Cemetery DATE OF BURIAL 12-30-1912

UNDERTAKER G.M. Hobbs ADDRESS Seligman Mo

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

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.

V-8-10-9-

