(Hill)

JUN 25 1927

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

Do not use this space.

14608

1. PLACE OF DEATH
County: Cole
Township:
City: Jefferson (No. ..... St. ..... Ward)

Registration District No. 213
Primary Registration District No. 3014

File No.
Registered No. 129

2. FULL NAME: George W. Newberry

(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 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: Martha Newberry

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 18 1866

7. AGE: Years 60 | Months 10 | Days 20 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Accountant
(b) General nature of industry, business, or establishment in which employed (or employer): "
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Butler, Mo

PARENTS
10. NAME OF FATHER: Jno B Newberry
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Binghampton NY
12. MAIDEN NAME OF MOTHER: Drake
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mo

14. INFORMANT: Earl Newberry
(Address): Jefferson City Mo

15. FILED 5/11 1927 [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 10 1927

17. I HEREBY CERTIFY, That I attended deceased from May 10, 1927, to May 10, 1927 that I last saw h.. alive on May 10, 1927, and that death occurred, on the date stated above, at 8:00 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemmorrhage
131
8 hr H
1/20/22 (duration) ..... yrs. ..... mos. 4 hrs ds.

CONTRIBUTORY (SECONDARY): Nephritis
(duration) 5 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Don't Know
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Jas A. Hall, M. D
, 19 (Address) Jefferson City Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Butler Mo
DATE OF BURIAL: 5/12 1927

20. UNDERTAKER: Walter Wymore
ADDRESS: J C 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.