

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

Do not use this space.

14016

JUN 7 1928

1. PLACE OF DEATH

County Wagon Registration District No. 964
Township Snake Primary Registration District No. 5710
City Goldburn (No. _____) St. _____ (Ward)

2. FULL NAME

Ortho E Newkirk
(a) Residence, No. 615 No 1 St. _____ Ward. Resident
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 32 yrs. 4 mos. 19 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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 OR (OR) WIFE OF married

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 25 1895

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
32 | 4 | 19

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Keeper
(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) Mo

10. NAME OF FATHER R O Swink

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER Jannah Ratliff

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) _____

14. INFORMANT Geo J Newkirk (Address) Ethel

15. FILED 26 1928 Jacob REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 13 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb 27 1928, to April 13 1928, that I last saw him alive on April 13 1928, and that death occurred, on the date stated above, at 3:15 p.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Blind Person, fallow
Vehicle Death
1507 1140 (duration) yrs. mos. 15 ds.

CONTRIBUTORY (SECONDARY) Bad Health (duration) yrs. 6 mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH... at place of death

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

19. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Qual Symptom
(Signed) James C. [Signature], M. D.
(Address) Goldburn 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) Goldburn DATE OF BURIAL April 15 1928

20. UNDERTAKER W H & C. Collins ADDRESS South Lifford

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.

