

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.

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

Do not use this space.

1550

1. PLACE OF DEATHCounty Jackson

Registration District No. _____

File No. _____

Township Law

Primary Registration District No. _____

Registered No. _____

City Kansas City, Mo.

St. _____ Ward) _____

2. FULL NAME(a) Residence, No. 2216 Pendleton War.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred

yrs. 8

mos. _____

da. _____

How long in U.S., if of foreign birth?

yrs. _____

mos. _____

da. _____

PERSONAL AND STATISTICAL PARTICULARS**3. SEX**F**4. COLOR OR RACE**wh**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**widow**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF****6. DATE OF BIRTH (MONTH, DAY AND YEAR)**Feb. 20, 1867**7. AGE**

YEARS

MONTHS

DAYS

IF LESS than 1 day, _____ hrs. or _____ min.

611022**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

at home

(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)

Ind.**10. NAME OF FATHER**H. J. Newkirk**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Ind.**12. MAIDEN NAME OF MOTHER**Mrs. M. J. Miller**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Ind.**14.**INFORMANT
(Address)Mrs. H. B. Sparkman
2216 Pendleton**15.**

FILED

1-12-29 M. D. Crowe
asst REGISTRAR**MEDICAL CERTIFICATE OF DEATH****16. DATE OF DEATH (MONTH, DAY AND YEAR)**Jan 12 1929**17.**

I HEREBY CERTIFY That I attended deceased from _____

_____ 1929 to _____ 1929
that I last saw him alive on _____ 1929, and that death occurred, on the date stated above, at _____

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cardio-renal disease**CONTRIBUTORY (SECONDARY)****18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF _____WAS THERE AN AUTOPSY? NoWHAT TEST CONFIRMED DIAGNOSIS? Spinal(Signed) R. B. Baker M. D.(Address) 3701 E. 12th

*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

DATE OF BURIAL

Spickard, Mo.Jan 12 1929**20. UNDERTAKER**

ADDRESS

C. E. Schooler - Spickard Mo.

04.94.