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

Do not use this space.

8826

APR 27 1932

1. PLACE OF DEATH
48 County Jackson — Registration District No. 400 — File No.
Township Prairie — Primary Registration District No. 5553B — Registered No. 53
City (No. Jackson County Home St. Ward)

2. FULL NAME Charles Newcomb
(a) Residence. No. Jackson County Home 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Stella Newcomb

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1-13-1853

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
✓	79	2	2	

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

9. BIRTHPLACE (CITY OR TOWN) Ohio
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

14. INFORMANT J. W. Hostteter
(Address) J C Home

15. FILED 3-16-32 William T. Fields
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 15 1932

17. I HEREBY CERTIFY, That I attended deceased from 9-26, 1931, to 3-15, 1932 that I last saw him alive on ..., 19..., and that death occurred, on the date stated above, at 10 30 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
chronic myocarditis
93c
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 93c
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH —
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) J. W. Greene, M. D.
3/15, 1932 (Address) Independence 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 Sedalia Mo — DATE OF BURIAL 3/17/32 19

20. UNDERTAKER H C Bergman — ADDRESS [illegible]

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.