

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

33343

**1. PLACE OF DEATH**

94 County St. Louis Registration District No. 33  
 Township Rea Primary Registration District No. 6024  
 City Leadwood (No. 1) St. Leadwood (Ward)

File No. \_\_\_\_\_  
 Registered No. 474

**2. FULL NAME**

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 11, 1937

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.  
1 | 5 | 12 | \_\_\_\_\_

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work None  
 (b) General nature of industry, business, or establishment in which employed (or employer) None  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Mo. 1  
 (STATE OR COUNTRY)

10. NAME OF FATHER John Newcome

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

12. MAIDEN NAME OF MOTHER Freda Jones

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

14. INFORMANT John Newcome  
 (Address) Leadwood Mo

15. FILED 10/20/37 W. E. Schubert REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 23 1937

17. I HEREBY CERTIFY, That I attended deceased from Oct. 18, 1937, to Oct. 23, 1937, that I last saw him, alive on Oct. 20, 1937, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Pneumonia (lobar)  
100  
100/08  
 (duration) yrs. mos. 3 da.

CONTRIBUTORY (SECONDARY) Tonsillitis  
 (duration) yrs. mos. 5 da.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH: no

DID AN OPERATION PRECEDE DEATH: no DATE OF 1

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) Arnold Traub M. D.

(Address) 10th St Leadwood 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 Methodist Caldonia Mo DATE OF BURIAL Oct. 25 1937

20. UNDERTAKER J. S. Boyer ADDRESS Leadwood Mo.

K. 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.

NOV 28 1937

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

