

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

Do not use this space.

9219

1. PLACE OF DEATH

County *Greene*
Township *Springfield*
City *Springfield* (No. *1344*)

Registration District No. *318*
Primary Registration District No. *2001*

File No.
Registered No. *273*
St. Ward)

2. FULL NAME

(a) Residence, No. *1344 Sherman* St., Ward.

(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds.

(If nonresident, give city or town and State)

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 *Cornelia Emma Newbold*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug 9 1850*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
82 7 17

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. *Harness Maker*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Harness shop*

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo.*

13. NAME *Unknown*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

15. MAIDEN NAME *Unknown*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

17. INFORMANT (ADDRESS) *D. J. Newbold Mo. Springfield*

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE *Mable Park Cemetery Mar 28 1933*

19. UNDERTAKER (ADDRESS) *J. W. Hugueny & Co. Springfield, Mo.*

20. FILED *3-28-1933* *Reepher* Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March 26 1933*

22. I HEREBY CERTIFY, That I attended deceased from *March 20 1933*, to *March 26 1933*
I last saw him alive on *March 26 1933*. Death is said to have occurred on the date stated above, at *1045 P.M.*
The principal cause of death and related causes of importance were as follows:

Fracture of Hip by fall on road -
Date of onset *14*
Other contributory causes of importance: *1960*

Name of operation *none* Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? *Accident* Date of injury 19.....
Where did injury occur? *South and Walnut St. Springfield, Mo.*
Specify whether injury occurred in industry, in hospital, or in public place. *While walking down street*
Manner of injury *Fell on curb of St.*
Nature of injury *Fracture of Hip*

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) *Lu Cox*, M. D.
(Address) *22 3/4 South*

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.

