

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

Do not use this space.

APR 25 1934

File No. 1949-A
Registered No. 582
St. _____ Ward _____

1. PLACE OF DEATH

County Morgan Registration District No. 598
Township Morgan Primary Registration District No. 4355
City _____ (No. 8732)

2. FULL NAME

Arthur Harlow Newkirk

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan, 31, 1903
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 30 11 19

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan, 20, 1934
22. I HEREBY CERTIFY, that I attended deceased from _____, 1934, to Jan 20, 1934.
I last saw him alive on Jan 20, 1934. Death is said to have occurred on the date stated above, at 12 m.
The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) 1929 11. Total time (years) spent in this occupation Life

Mitral Stenosis
Date of onset _____
92A
Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) Monteau Co (STATE OR COUNTRY) Missouri

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

13. NAME W. W. Newkirk
14. BIRTHPLACE (CITY OR TOWN) Monteau Co (STATE OR COUNTRY) Missouri

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

15. MAIDEN NAME Kathryn Dietz
16. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Missouri

Manner of injury _____
Nature of injury _____

17. INFORMANT My Sister, Miss _____ (ADDRESS) _____
18. BURIAL, CREMATION, OR REMOVAL

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) E. S. Nelson, M. D.
(Address) Fortuna

PLACE Newkirk DATE Jan, 22, 1934

19. UNDERTAKER Jewell E. Richards (ADDRESS) upton, mo.

20. FILED 1934 1934 R. M. Feltman Registrar.

N. B.—Every neuro-inflammation should be carefully supervised. AGE should be stated. RACIALITY. PHYSICIANS SHOULD STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

