

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

Do not use this space.

26999

SEP 23 1935

1. PLACE OF DEATH

County Madison Registration District No. 5-38
Township _____ Primary Registration District No. 3028
City Fredricktown (No. _____) St. _____ Ward _____

File No. _____
Registered No. 62

2. FULL NAME

Louise Genevieve Newberry
(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

3. SEX F. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar-10-1909
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
26 5 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) _____ 11. Total time (years) spent in this occupation _____

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

13. NAME Millard Taler

14. BIRTHPLACE (CITY OR TOWN) Fredricktown (STATE OR COUNTRY) Mo

15. MAIDEN NAME Frances Sanderman

16. BIRTHPLACE (CITY OR TOWN) Perry Co (STATE OR COUNTRY) Mo

17. INFORMANT Mrs. Fannie Taler (ADDRESS) Fredricktown Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Michael's DATE Aug 19 35

19. UNDERTAKER Ed. Smith (ADDRESS) Fredricktown Mo

20. FILED Aug 17 1935 S. C. Shaver Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug-17, 1935
22. I HEREBY CERTIFY, That I attended deceased from Oct-16, 1931, to Aug-17, 1935.
I last saw him alive on Aug-17, 1935. Death is said to have occurred on the date stated above, at 11:40 a.m.
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis
g

Other contributory causes of importance: _____
Name of operation _____ Date of _____
What test confirmed diagnosis? X-ray Was there an autopsy? no

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. _____
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) C. C. Langhin, M. D.
(Address) Fredricktown

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.

By G. A. Schwane

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