

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.

APR 17 1936

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

Do not use this space.

10219

1. PLACE OF DEATH

County Greene Registration District No. 318
Township _____ Primary Registration District No. 2801
City Springfield (No. Springfield Baptist Hospital St. _____ Ward _____)

File No. _____
Registered No. 281

2. FULL NAME James Henry Newcum

(a) Residence, No. Aurora Mo. 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF _____ (OR) WIFE OF <u>Martha Newcum</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 29, 1872</u>		
7. AGE YEARS <u>63</u>	MONTHS <u>7</u>	DAYS <u>26</u>
8. Trade, profession, or particular kind of work done, as <u>miner</u> , sawyer, bookkeeper, etc.		If LESS than 1 day, _____ hrs. or _____ min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Lead & Zinc Mines</u>		
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) Missouri

13. NAME James Newcum

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

15. MAIDEN NAME Elizabeth Horton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Charley Newcum
(ADDRESS) Aurora Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Aurora Mo. DATE Mar 28 1936

19. UNDERTAKER King Funeral Home
(ADDRESS) Aurora Mo.

20. FILED 3-27-1936 Ralph W. Langston
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 26 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 20 1936 to Mar 26 1936

I last saw him alive on Mar 7-6 1936. Death is said

to have occurred on the date stated above, at 5.55 A.M.
The principal cause of death and related causes of importance were as follows:

acute suppurative appendicitis Date of onset _____

1214

Other contributory causes of importance:

Age

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Yes Date of injury _____, 1936
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) E. G. Rosenberg, M. D.
(Address) 618 Woodruff Bldg

THE UNIVERSITY OF CHICAGO LIBRARY