

If any previous record 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.

JUL 20 1936

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

Do not use this space.

22603

1. PLACE OF DEATH

County Greene Registration District No. 318
 Township _____ Primary Registration District No. 5139
 City Springfield, Mo. (No. _____) Federal Transient Camp _____ St. _____ Ward _____

File No. _____
 Registered No. 475
 St. _____ Ward _____

2. FULL NAME Newton C. Roland

(a) Residence, No. Pitcher, Oklahoma St. _____ Ward _____
 (Usual place of abode)

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. (If nonresident, give city or town and State)

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>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Unknown</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>unknown</u>		
7. AGE <u>about</u>	YEARS <u>53</u>	MONTHS <u>X</u>
	DAYS <u>X</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Miner</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) <u>Unknown</u>		
FATHER	13. NAME <u>Unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT <u>Federal Transient Camp Records</u> (ADDRESS) <u>Springfield, Missouri</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hazelwood Cem</u> DATE <u>June 5, 1936</u>		
19. UNDERTAKER <u>H. H. Lohmeyer Funeral Home</u> (ADDRESS) <u>Springfield, Missouri</u>		
20. FILED <u>JUN 5 '36</u> 19 <u>Dr. Chas. A. George</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 5, 1936

22. I HEREBY CERTIFY That I attended deceased from Sept 18, 1935, to June 5, 1936
 I last saw him alive on June 5, 1936 Death is said to have occurred on the date stated above, at 9:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis
Came Fed. Transient Camp
Sept 18-36 with advanced case of
pulmonary tuberculosis
 Other contributory causes of importance:

 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? 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 None
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) Robert J. Williams, M. D.
 (Address) Springfield Mo

