

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.

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

Do not use this space.

25621

1971
AUG 15 1936

1. PLACE OF DEATH

County Buchanan
Township Washington
City St Joseph Mo

Registration District No. 85
Primary Registration District No. 1001
(No. State Hosp # 2)

File No. _____
Registered No. 984
St. _____ Ward _____

2. FULL NAME

LINK NEWMYER

(a) Residence, No. Elmer Mo St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 3 mos. 22 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lizzie Newmyer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
Est 74

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cattle Buyer

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) unk 11. Total time (years) spent in this occupation.

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

13. NAME unk.

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

15. MAIDEN NAME unk.

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

17. INFORMANT Records State Hosp # 2 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE South Efford Mo DATE July 25 1936

19. UNDERTAKER Heaton-Bibb, Bowman (ADDRESS) 317 So. 10th St. St. Joseph, Mo

20. FILED July 26 1936 AG Watt Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24 1936

22. I HEREBY CERTIFY, That I attended deceased from April 2 1936, to July 24 1936

I last saw him alive on July 24 1936 Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
with Auricular Fibrillation

Date of onset

Indef

Other contributory causes of importance:

Senility

Name of operation None Date of _____

What test confirmed diagnosis? Clinical 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. DeLong, M. D.

(Address) State Hosp # 2

