

AUG 21 1936

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

Do not use this space.

27151

1. PLACE OF DEATH

County Taclede
Township Spring Hollow
City (No. _____) _____

Registration District No. 449
Primary Registration District No. 5613

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

2. FULL NAME

Estes 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

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 15-1914</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>21</u>	<u>7</u>	<u>25</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>Never worked</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) Taclede Mo13. NAME Edward Newkirk14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa15. MAIDEN NAME Laura West16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn17. INFORMANT (ADDRESS) Will Newkirk
Sharon Mrs18. BURIAL, CREMATION, OR REMOVAL
PLACE Sharon DATE July 15 193619. UNDERTAKER (ADDRESS) Roberts20. FILED 7-14-1936 J. A. McCon
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13, 193622. I HEREBY CERTIFY, That I attended deceased from 7-12-1935 to 7-12-1936I last saw h. alive on 7-12-1935 Death is said to have occurred on the date stated above, at _____ m.

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

Chronic progressive poliomylitisOther contributory causes of importance: 81

Name of operation _____ 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 _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) J. A. McCon, M. D.

(Address) _____

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.

