

DEC 3 1936

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

Do not use this space.

38203

1. PLACE OF DEATH

County Lawrence Registration District No. 468 File No. _____
Township Buck Prairie Primary Registration District No. 5629 Registered No. 38
City Marionville (No. _____) St. _____ Ward _____

2. FULL NAME Albert New

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Pearl New

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4, 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
64 3 9

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

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, STATE OR COUNTRY) Lawrence Co., Mo13. NAME W. M. New14. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Tennessee15. MAIDEN NAME Mary Matthews16. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Tennessee17. INFORMANT (ADDRESS) Mrs Pearl New
Marionville18. BURIAL, CREMATION, OR REMOVAL PLACE Marionville DATE 10-15-3619. UNDERTAKER (ADDRESS) Buckford Funeral Home
Marionville20. FILED Oct 20 1936 Laura O. Connady
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 13 1936

22. I HEREBY CERTIFY, That I attended deceased from July 36 to Oct 13, 1936
I last saw him alive on Oct 13, 1936 Death is said to have occurred on the date stated above, at 12 P. M.

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

Chronic Myocarditis Date of onset ?

Other contributory causes of importance
Ch. Cordis Valvulor Durae ?
Ch. Pericardium Acute ?

Name of operation None Date of _____
What test confirmed diagnosis? Chemical Lab 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

(Signed) R. A. Towan, M. D.
(Address) Quinn, Mo.

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.

