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

Do not use this space.

44129

1. PLACE OF DEATH

County Clay — Registration District No. 198 — File No.

Township Fishing River — Primary Registration District No. 3011 — Registered No.

City Excelsior Springs, Mo (No. Veterans Administration Facility St. 3rd Ward)

2. FULL NAME NEWCOMER, Guy L.

(a) Residence, No. Leavenworth, Kans. Gen.Del. Ward. Vet.Adm.Facility, Excelsior Springs, Missouri
(Usual place of abode) (If Foreign Give City or Town and State)

Length of residence in city or town where death occurred yrs. mos. 4 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)~~ Audrey Newcomer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 26, 1904

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
32	9	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Williamsport, Maryland

FATHER

13. NAME John Newcomer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Williamsport, Md.

MOTHER

15. MAIDEN NAME Lillian Corby
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Williamsport, Md.

17. INFORMANT (ADDRESS) Hospital records

18. BURIAL, CREMATION, OR REMOVAL
PLACE Martinsburg, W.Va. DATE 12-2-36, 19

19. UNDERTAKER (ADDRESS) John C. Prather, Excelsior Springs, Mo.

20. FILED 12-1-, 1936 Mrs. Rea [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 27, 1936, 19..., to Dec. 1, 1936, 19...

I last saw him alive on December 1, 1936. Death is said to have occurred on the date stated above, at 10:00 a.m.

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

	Date of onset
Tuberculosis, pulmonary, chronic active, advanced, severe	?

Other contributory causes of importance:

Name of operation None — Date of —

What test confirmed diagnosis? EXAM & OBS. 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) J. A. HOWELL, M.D. Acting Clin. Dir. M.D.

(Address) Veterans Administration Facility, Excelsior Springs, Missouri.