

FEB 29 1937

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

Do not use this space.

2831

367

1. PLACE OF DEATH

94 County St. Francois Registration District No. 222
Township St. Francois Primary Registration District No. 4463
City Evans (No. 71) St. _____ Ward _____

2. FULL NAME

Ralph Millard Newcomer

(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 Irene Newcomer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 20 - 1981

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 0 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman of 54
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. St Joe Lead Co.
10. Date deceased last worked at this occupation (month, and year) Jan 23 1937 11. Total time (years) spent in this occupation 25

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

13. NAME Lafayette Newcomer

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

15. MAIDEN NAME Rachel Miller

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

17. INFORMANT John A. Newcomer
(ADDRESS) Evans Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Francois DATE Jan 27 1937

19. UNDERTAKER C. J. Bayer
(ADDRESS) Dodge Missouri

20. FILED 2-2 1937 C. B. Ferras
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 25th 1937

22. I HEREBY CERTIFY That I attended deceased from was called at home of death 1937

I last saw him alive on Dec 15th 1936 Death is said

to have occurred on the date stated above, at 4:22 m.

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

Heart failure following Date of onset
1-15-37

Influenza

Other contributory causes of importance NO

Name of operation None Date of _____

What test confirmed diagnosis? None 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 _____, 1937

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) Edgar E. Whiteside, M. D.

(Address) Evans 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.

