

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

APR 20 1937

1. PLACE OF DEATH

County Gasconade
Township Mineral
City Rockcastle

Registration District No. 413
Primary Registration District No. 5559C

File No. 12272
Registered No. 18
St. North Ward

2. FULL NAME

(a) Residence, No. Ph. 5
(Usual place of abode)

Ray J. Newman
11 St., 16 Ward. North

Length of residence in city or town where death occurred yrs. 1 mos. 2 wks. 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 11, 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 2 22

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

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) Indiana

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Records

18. BURIAL, CREMATION, OR REMOVAL PLACE Galena Kan DATE 3/6 1937

19. UNDERTAKER (ADDRESS) Porter Clark Undertaker Co.
Galena Kan

20. FILED 3-15, 1937 Harry A. Weaver Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 16 1936, to March 5 1937.

I last saw him alive on March 5 1937. Death is said to have occurred on the date stated above, at 11:30 m.

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

Spleen Tuberculosis

Other contributory causes of importance: 23

Name of operation None Date of

What test confirmed diagnosis? Post-mortem 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? Yes

If so, specify Myocardial

(Signed) John B. Dancyan M. D.
(Address) St. Louis City

