

APR 22 1937

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

Do not use this space.

12814

1. PLACE OF DEATH

County Newton  
Township Van Buren  
City Newton (No.         )

Registration District No. 612  
Primary Registration District No. 5814

File No.           
Registered No.           
St.          Ward         

2. FULL NAME

Robert Kingdon McNary

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 12, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from March 12, 1937, to March 12, 1937  
I last saw him alive on March 12, 1937 Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 12, 1903

to have occurred on the date stated above, at          m.  
The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 0 0 0

Still born. Cause unknown Date of onset         

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. None  
10. Date deceased last worked at this occupation (month and year)          11. Total time (years) spent in this occupation         

Still born. Cause unknown

Other contributory causes of importance:         

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newton Mo.

13. NAME Lewis H. McNary

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike Co. Mo.

15. MAIDEN NAME Arroma R. Reed

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newton Mo.

17. INFORMANT (ADDRESS) Lewis H. McNary

18. BURIAL, CREMATION, OR REMOVAL PLACE Van Buren DATE March 12, 1937

19. UNDERTAKER (ADDRESS) Friends

20. FILED 3-12 1937, Grace Hudson Registrar.

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? No  
If so, specify         

(Signed) Leroy Summons, M. D.  
(Address) Corryville, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

