

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.

JUL 31 1937

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

Do not use this space.

24642

1. PLACE OF DEATH

County *Delaski*  
Township *Union*  
City (No. ....) St. .... Ward)

Registration District No. *711*  
Primary Registration District No. *5940*

File No. *13*  
Registered No. *13*

2. FULL NAME

*Lillie Mae Newberry*

(a) Residence, No. .... St. .... Ward. ....

(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 <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Joe Newberry</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>5/28/1880</i>				
7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
	<i>57</i>	<i>1</i>	<i>12</i>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housewife</i>			
	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	

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *7/10* 19*37*

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....

I last saw h..... alive on ....., 19.... Death is said to have occurred on the date stated above, at *10.7* m.

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

*Acute Head Inj*

Date of onset  
*7/10/37*

Other contributory causes of importance:  
*2000*

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? *Y*

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?  
If so, specify.....  
(Signed) *W. Deper Coomer* M. D.  
(Address) *Richland Mo*

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Missouri</i>
	13. NAME <i>Jake Peck</i>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>unknown</i>
	15. MAIDEN NAME <i>Lizzie Stanley</i>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>unknown</i>
	17. INFORMANT (ADDRESS) <i>Ralph Shackelford Union Mo.</i>
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Ferguson</i> DATE <i>July 12 37</i>	
19. UNDERTAKER (ADDRESS) <i>Fred N. Gilbert Union Missouri</i>	
20. FILED <i>July 14 1937</i> <i>A. S. Lick</i> Registrar.	

200a

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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY

**1. PLACE OF DEATH**

County Pulaski Registration District No. 711  
Township Union Primary Registration District No. 3940  
City (No. ) St. Ward)

File No. 2410  
Registered No. 18

**2. FULL NAME**

Lillie May Newberry

(a) Residence, No. St. Ward. (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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
37 1 12

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 19

Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/10 1937

22. I HEREBY CERTIFY, That I attended deceased from to, 19

I last saw him alive on 19 Death is said to have occurred on the date stated above, at m.

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

acute Heart Failure Date of onset

for further information

Other contributory causes of importance:

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?

If so, specify

(Signed) R. Reper Corner of Pulaski

(Address) Richland Mo.

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CE... CASES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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