

AUG 25 1937

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

Do not use this space.

1. PLACE OF DEATH

County Leaden
Township Union
City (No.)

Registration District No. 448
Primary Registration District No. 6608

File No. 27587
Registered No. 17
St. Ward

2. FULL NAME

William S. Newberry
(a) Residence, No. Conway, Mo. 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 Core Newberry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 5th 1874

7. AGE YEARS MONTHS DAYS 63-6-5
If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as splainer, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
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) Christiana Co. Mo.

13. NAME Norcia Newberry

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

15. MAIDEN NAME Lucia Mathias

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

17. INFORMANT (ADDRESS) Phoebe Henry Highlandville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Highlandville, Mo. DATE 7-9-1937

19. UNDERTAKER (ADDRESS) Wilbur Maple

20. FILED 7-27 1937 Ann Montgomery Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6-1937

22. I HEREBY CERTIFY, That I attended deceased from 6-20-1937, to 7-6-1937

I last saw him alive on 7-4-1937. Death is said to have occurred on the date stated above, at 1 a. m.

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

Cardiac Asthma Date of onset

Other contributory causes of importance Chronic Valvular Heart Disease

Name of operation Date of

What test confirmed diagnosis? 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 1

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) O. C. Borage, M. D.

(Address) Conway 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.

