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.

1. PLACE OF DEATH AUG 31 1937 2

County Stone — Registration District No. 846 — File No. 28552

Township Hurley — Primary Registration District No. 6283 — Registered No. 19

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Georgia Eugene Newbold

(a) Residence, No. Crane Mo St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 6 1936

7. AGE — YEARS — MONTHS 11 — DAYS 17 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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) Lawrence Co Mo

FATHER
13. NAME Ward Newbold
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lawrence Co Mo

MOTHER
15. MAIDEN NAME Retha Belle Baker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stone Co Mo

17. INFORMANT (ADDRESS) Ward Newbold Crane Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Masonic Cemetery DATE 7-23 19

19. UNDERTAKER (ADDRESS) Geo H Monlove Crane Mo

20. FILED 8-9- 1937 H. G. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23 1937

22. I HEREBY CERTIFY, That I attended deceased from 7-19, 1937, to 7-23, 1937

I last saw him alive on 7-22, 1937. Death is said to have occurred on the date stated above, at 7 a m.

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

	Date of onset
Cholera infantum	7 da

Other contributory causes of importance:

119 a

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) J C R Doggett, M. D.

(Address) Crane Mo