

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

SEP 21 1937

1. PLACE OF DEATH

County Madison

Registration District No. 538

Township Fredericktown

Primary Registration District No. 3028

City Fredericktown (No.)

File No. 31171

Registered No. 27

St. Ward

2. FULL NAME

(a) Residence, No. Mary Elizabeth Newberry 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

3. SEX Female 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 Mr. Harry Newberry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 4, 1874

7. AGE YEARS 63 MONTHS 1 DAYS 28 If LESS than 1 day, hrs. or min.

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

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) Fredericktown Missouri

13. NAME John Schulte

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

15. MAIDEN NAME Ellen McGuire

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

17. INFORMANT (ADDRESS) Joseph Newberry Fredericktown Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Fredericktown Mo DATE Aug 4, 1937

19. UNDERTAKER (ADDRESS) Ed H. Webb Fredericktown Mo

20. FILED Aug 3, 1937 S. C. S. Garabito Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from 8/2 - 1937 to 8-2 - 1937

I last saw her alive on 8/2 - 1937 Death is said to have occurred on the date stated above, at 10:30 a.m.

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

Acute Poisoning

Date of onset

Other contributory causes of importance:

Chronic Nephritis

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) W. Harry Carson M. D.

(Address) Fredericktown Mo

By E. H. Schuman

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.

