JAN 24 1938

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

Do not use this space.

46579

1. PLACE OF DEATH
County St. Francois — Registration District No. 774 — File No. 745
Township " " — Primary Registration District No. 4465 — Registered No.
City Flat River, Mo (No. ..... St. ..... Ward)

2. FULL NAME Mrs James Richard Newcomb
(a) Residence, No. Flat River, 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 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 Cau
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs. Matilda Newcomb

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): August 21-1862

7. AGE: YEARS 75 — MONTHS 5 — DAYS 7 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Machinist of St. Louis Smelting + Refining Co.
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): Nashville Tennessee

FATHER
13. NAME: Mr. James Richard Newcomb
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Nashville Tennessee

MOTHER
15. MAIDEN NAME: Miss Elizabeth McCoy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

17. INFORMANT (ADDRESS): Mrs. Matilda Newcomb, Flat River, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Caledonia DATE Dec. 30 1937

19. UNDERTAKER (ADDRESS): Alvin W. Hood, Flat River, Mo.

20. FILED 1/3 1938 C B Farrar Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1937 to Dec 28, 1937
I last saw him alive on Dec 27, 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:

Apoplexy

Date of onset

Other contributory causes of importance:

Name of operation: nd — Date of
What test confirmed diagnosis? — Was there an autopsy? nd

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? nd — 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) [illegible], M. D.
(Address) Flat River Mo

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