

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

5986  
Do not use this space.

REC'D MAR 21 1938

1. PLACE OF DEATH

(a) County Bates Registration District No. 53  
(b) Township Rich Hill Mo. Primary Registration District No. 3005 Registered No. 70  
(c) City Rich Hill Mo. (d) Street No. \_\_\_\_\_ St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Earnest Leroy Newcomb 251

(a) Residence, No. 8th and Oak, Rich Hill Mo. St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) infant

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 5th/38 19

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

22. I HEREBY CERTIFY, That I attended deceased from Jan 30 1938, to Feb 5 1938.  
I last saw him alive on Feb 5 1938. Death is said to have occurred on the date stated above, at 3 p.m.  
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9th, 1937  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
0 7 26

Other contributory causes of importance:

8. Trade, profession, or particular kind of work done, as infant  
9. Industry or business in which work was done, as infant  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

Murdered  
Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rich Hill Missouri

FATHER 13. NAME Arthur Newcomb  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson Co. Missouri

MOTHER 15. MAIDEN NAME Emma Black  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cedar Co. Missouri

17. INFORMANT (ADDRESS) Mrs. Arthur Newcomb Rich Hill Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Saelm Cem. DATE Feb. 5th/38

19. FUNERAL DIRECTOR (ADDRESS) Booth Funeral Service Rich Hill Missouri

20. FILED 35 1938 Rich Hill Missouri

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) [Signature], M. D.  
(Address) [Address]

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STATEMENT BY LICENSED EMBALMER

I, John G. Underwood Licensed Embalmer No. 3585

hereby certify that the body recorded on the reverse side of this certificate was embalmed by John Underwood

Rich Hill Missouri L.E. 3585

No. \_\_\_\_\_ or by \_\_\_\_\_ Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed John G. Underwood  
Licensed Embalmer No. 3585

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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CERTIFICATE OF DEATH

5986  
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1. PLACE OF DEATH

(a) County Bates Registration District No. 53  
(b) Township \_\_\_\_\_ Primary Registration District No. 3005 Registered No. 10  
(c) City Rich Hill (d) Street No. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Ernest Le Roy Newcomb  
(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) mf

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.  
7 26

OCCUPATION  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as 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)

FATHER  
13. NAME

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

MOTHER  
15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE \_\_\_\_\_ DATE \_\_\_\_\_ 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED \_\_\_\_\_ 19

Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 5, 1938

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 \_\_\_\_\_ m.

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

Pneumonia

bronchitis

whooping cough

Other contributory causes of importance:

Date of onset

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) Clarence J. Allen, M. D.

(Address) Rich Hill mo

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

SUPPLEMENTARY

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