

Allen

MARCH 23 1938

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

10070
Do not use this space.

1. PLACE OF DEATH

7 (a) County Bates 2 Registration District No. 53
6 (b) Township Rich Hill Mo. Primary Registration District No. 0005 Registered No. U
0 (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

Barbara Newcomb 251
(a) Residence, No. 8th and Oak 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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 3rd. 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 5 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife
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) Indiana /

FATHER 13. NAME Richard Crawley /

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

MOTHER 15. MAIDEN NAME Mary Cooper

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

17. INFORMANT (ADDRESS) Mary Billingsley
Holden Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Salem Cemetery DATE Mar. 22/38

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

20. FILED Mar 27 1938 J. J. Allen Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 20/38 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 15 to Mar 20, 1938
I last saw her alive on March 15, 1938. Death is said to have occurred on the date stated above, at 11:52 A.M.
The principal cause of death and related causes of importance were as follows:

Thrombocytopenic purpura
Date of onset _____

Other contributory causes of importance: 92C

Name of operation _____ Date of _____
What test confirmed diagnosis? None 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 _____, 1938
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) J. J. Allen, M. D.
(Address) Rich Hill 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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

John Glendwood

or, by _____

Registered Apprentice No. _____, working under my personal supervision.?

Signed *John Glendwood*

Licensed Embalmer No. *3585*

P. O. Address *Rich Hill Mo*

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.)

If this body is not embalmed, above space should be left blank.