

REC'D MAY 16 1938

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

Do not use this space.

14861

1. PLACE OF DEATH
County Jackson Registration District No. 400
Township Fairlie Primary Registration District No. 5553 B
City Little Blue, Mo. (No. Jackson, County Hospital St. _____ Ward _____)

2. FULL NAME Alvin Smith Newkirk
(a) Residence, No. 11309 Perry, Independence, Mo. 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 Male 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 Jaunita Newkirk

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 27, 1894

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
44 1 11

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

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) Pa.

13. NAME Richard W. Newkirk

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

15. MAIDEN NAME Addie Smith

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

17. INFORMANT Mrs. Jaunita Newkirk
(ADDRESS) 11309 Perry, Indep. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Brookings Cem. DATE May 12, 1938

19. UNDERTAKER Wamsley Funeral Home
(ADDRESS) 711 W. Lex, Indep. Mo.

20. FILED May 12 1938 William J. Fields
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m. 4:20 P. M.

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

Cerebral lamination
Fracture of the skull

Other contributory causes of importance: 210m
21

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 _____

Where did injury occur _____ (Specify city or town, county, and State)
Specify whether injury occurred in _____ (Specify whether in home, or in public place.)

Manner of injury Struck by motor car
Nature of injury _____

24. Was disease _____ related to occupation of deceased? _____
If so, specify _____

(Signed) [Signature] _____ M. D.
(Address) [Signature] _____

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.

