

RECORDED FEB 15 1939

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

Do not use this space.

74 1. PLACE OF DEATH  
County Madison Registration District No. 623  
Township Swanton Primary Registration District No. 3825  
City Swanton St. \_\_\_\_\_ Ward) \_\_\_\_\_

256 2. FULL NAME Martin Luther Newcomb  
(a) Residence, No. Swanton St. RR Ward. \_\_\_\_\_  
(Usual place of abode) \_\_\_\_\_ (If nonresident, give city or town and State) \_\_\_\_\_

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 3335

Registered No. One

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 1-1845

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>93</u>	<u>6</u>	<u>28</u>	

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

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) 1925 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hagerstown Md.

FATHER

13. NAME Wm Newcomb

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

MOTHER

15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) Max Spley

18. BURIAL, CREMATION, OR REMOVAL PLACE Swanton Cr. DATE 1-31-39

19. UNDERTAKER (ADDRESS) Pol. Gaggart

20. FILED Jan 31 1939 J.M. McLaughan Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-29-1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 22 1939 to Jan 29 1939  
I last saw h. i. m. alive on Jan 22 1939. Death is said to have occurred on the date stated above, at 7:45 A.M.  
The principal cause of death and related causes of importance were as follows:  
Chronic Myocarditis  
Date of onset \_\_\_\_\_

Other contributory causes of importance: 93C

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) Dr. Frank A. Barnes, M. D.  
554 (Address) Spring City, 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.

I hereby certify that I embalmed  
this body.

R. B. Taggart  
No. 25-63.