

REC'D MAR 13 1939

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

6584
Do not use this space.

1. PLACE OF DEATH

(a) County GREENE Registration District No. 378
(b) Township Scampbell Primary Registration District No. 2001
(c) City SPRINGFIELD (d) Street No. City Hospital Registered No. 179
(e) Length of residence in city or town where death occurred 8 yrs. mos. ds. (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

1611 GEORGE EDWARD NEWBERRY
(a) Residence, No. 726 S. Lexington 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 Child
(Write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 30-1938

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
0 7 27

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) Springfield (STATE OR COUNTRY) mo

13. NAME William Newberry

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

15. MAIDEN NAME Ruth B Heady

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

17. INFORMANT William Newberry (ADDRESS) 726 S Lexington St

18. BURIAL, CREMATION, OR REMOVAL PLACE Hazelwood DATE March 1, 1939

19. FUNERAL DIRECTOR (NAME) Luann Hall (ADDRESS) Springfield mo

20. FILED Mar 1, 1939 Chas A George Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 25th 1939 to Feb 27th 1939

I last saw him alive on Feb 27th 1939. Death is said

to have occurred on the date stated above, at 4:05 P. m.

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

Influenza

Date of onset

Other contributory causes of importance:

Rickets

Name of operation None 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? No

If so, specify _____

(Signed) W. H. Burke M. D.

(Address) 410 Woodruff Bldg

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,

....., or by

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.