

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.

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

Do not use this space.

MAY 25 1934

PLACE OF DEATH

County Laclede  
Township Lackwood  
City Lackwood (No. 238)

Registration District No. 238  
Primary Registration District No. 4145

File No. 12359  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>George W. Newcomb</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 25-1850</u>		
7. AGE YEARS <u>84</u>	MONTHS <u>1</u>	DAYS <u>15</u>
		IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
	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) Randolph Co., Ill.

13. NAME James French

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

15. MAIDEN NAME Bulah Ann Morgan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph Co., Ill.

17. INFORMANT (ADDRESS) Emma Farmer  
Verona, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Maplewood DATE April 10, 1934

19. UNDERTAKER (ADDRESS) E. Ray Galt  
Lackwood, Mo.

20. FILED 4-21, 1934 J. H. Ware Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1934 to Apr 9, 1934  
I last saw her alive on April 9th, 1934. Death is said to have occurred on the date stated above, at 12:45 P.M.  
The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance: Cancer of Caecum  
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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) John M. Dermott, M. D.  
(Address) Lackwood, Mo.

