

1935 25 25

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

Do not use this space.

30150

1. PLACE OF DEATH

County Monteary
Township Walker
City California (No. _____)

Registration District No. 571
Primary Registration District No. 1335

File No. _____
Registered No. 56 St. _____ Ward _____

2. FULL NAME Abraham Benton Newkirk

(a) Residence, No. _____ St. _____ 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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 30-1884

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
93 11 22

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) Monteary Co Mo

13. NAME Harrison Newkirk

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

15. MAIDEN NAME Jane Pennohart

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monteary Co Mo

17. INFORMANT Mrs. A. B. Newkirk

(ADDRESS) California Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Spring Hill DATE 9/22 1935

19. UNDERTAKER Willems & Friedmaner

(ADDRESS) California Mo

20. FILED 9-22-1935 NR Popjay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 21 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 7 1935, to Sept 21 1935

I last saw him alive on Sept 21 1935. Death is said to have occurred on the date stated above, at 1 P. m.

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

chronic myocarditis Date of onset _____

Other contributory causes of importance: 930

acute gastro-enteritis

Names 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? No

If so, specify _____

(Signed) Edgar A. Miller, M. D.

(Address) California

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.

