

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

Do not use this space.

24190 E

1. PLACE OF DEATH

County Howell
Township Howell
City (No.) St. Ward)

Registration District No. 384
Primary Registration District No. 0505

File No. 84
Registered No.

2. FULL NAME Guy Richard Newberry

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 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 Mary Elizabeth Newberry

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3/18/1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.
52 5 12

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

10. NAME OF FATHER Edward Newberry

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Sophia Edmonds

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

14. INFORMANT Edmond Newberry
(Address) Lebo Missouri

15. FILED 9-3-27 O.P.A. Heineich
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 20 1927

17. I HEREBY CERTIFY, That I attended deceased from July 3, 1927, to Aug 10, 1927.
that I last saw him alive on Aug 10, 1927, and that death occurred, on the date stated above, at 8:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

99c Acute cardiac dilatation
79c - Chronic cardiac dilatation
79c - Chronic myocarditis
9307 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) No doctor-attendant (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED No
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) Celestine Bohrer, M. D.

7-3-, 1927 (Address) West Plains, Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Nashleberry Cem. DATE OF BURIAL 8/1 19 27

20. UNDERTAKER Geo. Q. Stapp ADDRESS West Plains

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 26 1927

