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.

19152

File No.
Registered No.

1. PLACE OF DEATH
County: Dunklin — Registration District No.: 288
Township: Independence — Primary Registration District No.: 3406
City (No. St. Ward)

2. FULL NAME: James Moore Newbill

(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: M
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): August 22 1931

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	10	2	

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): Kennett Mo

FATHER
13. NAME: W. E. Newbill
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Trenton Tenn.

MOTHER
15. MAIDEN NAME: Irene Moore
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kennett Mo

17. INFORMANT (ADDRESS): W. E. Newbill Kennett Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Oak Ridge DATE: 6/26 1932

19. UNDERTAKER (ADDRESS): Baldwin Undt. Co. Kennett Mo

20. FILED, 19
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 24 1932

22. I HEREBY CERTIFY, That I attended deceased from June 21st, 1932, to June 24 1932
I last saw him alive on 19. Death is said to have occurred on the date stated above, at 1:15 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Malaria	6/18/32
9	
38	

Other contributory causes of importance:

Pertussis	4/18/32

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? No
If so, specify
(Signed) Hugh Baldwin, M. D.
(Address) Kennett Mo