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

Do not use this space.

17941

File No.
Registered No. 124

1. PLACE OF DEATH
County St. Louis
Registration District No. 785
Township Bonhomme
Primary Registration District No. 6031
City Manchester (No. Manchester Road Nursing Home St. Ward)

2. FULL NAME George Ira Newby (George Ira Newby)
(a) Residence, No. Warden & Rock Hill Road St., Ward. Webster Groves, Mo.
(Usual place of abode) St. Louis County (If nonresident, give city or town and State)
Length of residence in city or town where death occurred XXXyrs. 2 mos. 26ds. How long in U. S., if of foreign birth XXXyrs. XX mos. XXds.

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.

JUN 26 1934

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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~~ Eunice Carrey (Burton) Newby

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 22, 1877

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	57	0	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retail Lumber Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail Lumberyard
10. Date deceased last worked at this occupation (month and year) June 1930
11. Total time (years) spent in this occupation 26

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iconium, Appanoose County, Iowa.

FATHER
13. NAME Thomas Clark Newby
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known Indiana

MOTHER
15. MAIDEN NAME Margaret Hutchinson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known Indiana

17. INFORMANT George Burton Newby (son)
(ADDRESS) 4425 Forest Pk, St. Louis, Mo.
18. BURIAL, ~~CREMATION, OR REMOVAL~~ Valhalla Cemtery
St. Louis County, Mo. DATE May 14, 1934
19. UNDERTAKER McLaughlin Undertaking Co
(ADDRESS) Webster Groves, Missouri
20. FILED 5-14 1934 Mark T. Engle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1934, to May 12, 1934
I last saw him alive on May 12, 1934. Death is said to have occurred on the date stated above, at 3:10 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tabo-paresis	

Other contributory causes of importance:
None

Name of operation None Date of
What test confirmed diagnosis? — Was there an autopsy? No

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) B. R. Forring, M. D.
(Address) Ballwin, Mo.

Webster Groves Parlors

~~XXXXXXXXXXXX~~ Webster Groves, Mo.
June 5, 1934

Bureau of Vital Statistics

Missouri State Board of Health
Jefferson City, Missouri.

RE: Corrected
Personal Statistical Particular
-s
on Certificate of Death

Dear Sirs:

Have just received a letter from the widow - giving the corrected data on the Parents of the following named Deceased for your information and your records if you so desire to make such corrections in your files.

Deceased - George Ira Newby - - - May 12, 1934
Bonhomme Dist #785
St. Louis County.

Correction of Record- Birth Place of Father -
Thomas Clark Newby
Newcastle, Henry County, Indiana

Birth Place of Mother
Margaret Hutchinson
Lowell, Henry County, Iowa

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Yours truly, H. C. McLaughlin