

DEC 15 1937

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

Do not use this space.

40842

1. PLACE OF DEATH

County Camden
Township Adair
City (No. _____) _____ St. _____ Ward _____

Registration District No. 113
Primary Registration District No. 5169

File No. _____
Registered No. _____

2. FULL NAME Perry Commodore Newman

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14, 19375A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Coonce22. I HEREBY CERTIFY, That I attended deceased from June 4, 1937, to June 11, 1937

(I last saw him alive on June 11, 1937. Death is said to have occurred on the date stated above, at 9:30 P.M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 16, 1861

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
76 0 28

Date of onset

Fracture of neck of femur8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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 _____

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Camden Co. Mo.13. NAME Jim Newman14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Camden Co. Mo.15. MAIDEN NAME Nancy Anderson16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Camden Co. Mo.17. INFORMANT Claude Newman (ADDRESS) Lincoln, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Cable Ridge Cem DATE July 16, 193719. UNDERTAKER C. R. Rapp & Son (ADDRESS) Stover, Mo.20. FILED 1-15-37 W. S. Wambler Registrar.

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? accident Date of injury July 15, 1937Where did injury occur? Home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury FallNature of injury Broken femur24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Chas A. Hest, M. D.(Address) Stover Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. DO NOT SIGN unless you are a physician. If you are a physician, your signature should be in full. PHYSICIANS should state the name of the disease or condition.

OCCUPATION

FATHER

MOTHER

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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Do not use this space.

1. PLACE OF DEATH

(a) County Camden Registration District No. 118
 (b) Township Adair Primary Registration District No. 5169 Registered No. 7
 (c) City..... (d) Street No..... St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Perry Commodore Newman

(a) Residence, No. [] St. [] (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 16 - 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
76 0 28

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as 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) Camden, Mo

13. NAME Jim Newman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Camden, Mo

15. MAIDEN NAME Nancy Anderson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Camden, Mo

17. INFORMANT (ADDRESS) Charles Newman
Camden, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Cable Ridge Cem DATE July 16, 1937

19. FUNERAL DIRECTOR (ADDRESS) G. R. Rapp + Son
Stover, Mo

20. FILED 1-15- 1938 J. S. Andrew, M.D.
Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14, 1937

22. I HEREBY CERTIFY that I attended deceased from June 4, 1937 to June 11, 1937
 I last saw him alive on June 11, 1937. Death is said to have occurred on the date stated above, at 9:30 a.m.
 The principal cause of death and related causes of importance were as follows:

Fracture of neck of femur
 Date of onset

Other contributory causes of importance:

Name of operation..... 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? accident Date of injury May 21, 1937
 Where did injury occur? Home
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury fall
 Nature of injury Broken Femur

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify
 (Signed) Chas. A. Wilcox, M. D.
 (Address) Stover, Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
 CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

