

REC'D JUL 15 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

22083

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 404
 (b) Township Ray Washington Primary Registration District No. 5558 Registered No. 47
 (c) City Kansas City (d) Street No. 311 West 81st St. 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 50 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Mirah M. Newby 100

(a) Residence, No. 311 West 81st St. 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

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Newby			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 15, 1855			
7. AGE YEARS 82	MONTHS 8	DAYS 28	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		
	9. Industry or business in which work was done, as saw mill, bank, etc. At Home		
	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) North Carolina			
FATHER	13. NAME John Moore		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina		
MOTHER	15. MAIDEN NAME Dont know		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina		
17. INFORMANT Miss Amy B. Lewis (ADDRESS) 311 West 81st St.			
18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove, Kansas City, Mo. DATE 6/15/38			
19. FUNERAL DIRECTOR (NAME) Freeman Mortuary & Chapel (ADDRESS) Kansas City, Mo.			
20. FILED 7-9 1938 R. V. Lindsey & Sons Local Registrar.			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 13, 1938**

22. I HEREBY CERTIFY, That I attended deceased from May 37, 1937, to June 13, 1938
 I last saw her alive on June 13, 1938. Death is said to have occurred on the date stated above, at 11:45 P.M.

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

Terminal Pneumonia
Carcinoma Left Breast
 Date of onset 6-1-38
 Other contributory causes of importance: 50
Senility

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?..... 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
 (Signed) W. G. Greger M. D.
 (Address) 239 W 47 St

Rose H. Keller (Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Clarence W. Chel

or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed Clarence W. Chel

Licensed Embalmer No. 3473

P. O. Address 104 West 42

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.