

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

Do not use this space.

93724

1. PLACE OF DEATH

County Jackson
Township Wife Bar
City Blue Springs (No.)

Registration District No. 395
Primary Registration District No. ~~2423~~

File No.
Registered No.
St. Ward)

2. FULL NAME

Samuel Saturday Newton

(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 75 yrs. 5 mos. 0 ds. How long in U. S., if of foreign birth? 61 yrs. 0 mos. 6 ds. (If nonresident, give city or town and State)

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 Sarah A Newton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 16, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 0 5

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
Farmer

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kingsbury England

FATHER 13. NAME James Newton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kingsbury England

MOTHER 15. MAIDEN NAME Caroline Saturday

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kingsbury England

17. INFORMANT Mrs. John Sedgwick (ADDRESS) Independence Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Springs Mo. DATE March 22, 1933

19. UNDERTAKER R. W. Stanley (ADDRESS) Blue Springs Mo.

20. FILED 5/10 1933 F. H. Little Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 21 - 1933

22. I HEREBY CERTIFY That I attended deceased from Nov 10 1933 to March 22, 1933

I last saw him alive on March 22, 1933 Death is said to have occurred on the date stated above, at m.

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

Taralysia Cerebrum Date of onset 11/10/33
Senility

Other contributory causes of importance:

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?

If so, specify (Signed) Richard Thompson M. D.
(Address) Blue Springs

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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 22 1936

