

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

Do not use this space.

FEB 9 1935

1521

1. PLACE OF DEATH

County Jackson
Township Law
City Kennett

Registration District No. 399
Primary Registration District No. 1007
(No. 3419 Wabash)

File No. 387
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 3419 Wabash 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 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 Minnie O Newton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 4 - 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 11 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

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) Myraunt City Mo

13. NAME Chas Newton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Mellissa Keys

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Minnie O Newton 3419 Wabash

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Jan 26 - 35

19. UNDERTAKER (ADDRESS) Mrs. C. L. Gouster 915 Broadway Ave

20. FILED 1-25-35 19 35 M.M. Crowns Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 24 35, 19

22. I HEREBY CERTIFY that the person deceased from _____ to _____, 19

I last saw _____ alive on _____, 19. 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: _____ Date of onset _____

Chronic Cholesterol
Infection

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis _____ as there an autopsy?

23. If death was due to external causes (violence, fall, etc.) 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) _____, M. D.
(Address) _____

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.

