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.

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

SEP 28 1936

Do not use this space.

35132

1. PLACE OF DEATH
County: Ozark
Township: Bayou
City: ..... (No. ....., ... St. ..... Ward)

Registration District No.: 647
Primary Registration District No.: 5857

File No.:
Registered No.:

2. FULL NAME: John H. Newton

(a) Residence, No.: Bakersfield, R. R. 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. 10 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: Carrie Newton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): August 22, 1879

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
57		10	

OCCUPATION

8. 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.: Mechanic
10. Date deceased last worked at this occupation (month and year): .....
11. Total time (years) spent in this occupation: 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Blue Springs, Missouri.

FATHER
13. NAME: Samuel S. Newton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kingsbury, England.

MOTHER
15. MAIDEN NAME: Sarah Muncy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Muscatine, Iowa.

17. INFORMANT (ADDRESS): Avis Brady (daughter)

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Lilly Ridge Cem. DATE: Sept. 4, 1936

19. UNDERTAKER (ADDRESS): Robertson Funeral Home, West Plains, Missouri

20. FILED: 9-8, 1936 C. A. Beach
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): September 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from August 30, 1936, to September 1, 1936

I last saw him alive on September 1, 1936. Death is said to have occurred on the date stated above, at 10 P. m.

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

	Date of onset
Diabetes Melitus	Unknown
29	
59	

Other contributory causes of importance:
Carbuncle of chin, wrist and abdomen; gangrene;

Name of operation: None Date of:
What test confirmed diagnosis? Clinical 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
If so, specify .....

(Signed) Deborah Doan, M. D.
(Address) Bakersfield, Missouri.