

REC'D FEB 27 1939

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

3609
Do not use this space.

1. PLACE OF DEATH

(a) County Randolph Registration District No. 925
 (b) Township Judge Creek Primary Registration District No. 3034 Registered No. 19
 (c) City Moberly, Miss. S. & A. (d) Street No. McCormick Hospital 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

Widow, Joshua Newton
 (a) Residence, No. Madison mo. 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 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 Thelma widow
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11/12-1900
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
38 2 18
 OCCUPATION 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) Dec - 1938 11. Total time (years) spent in this occupation. Life
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Missouri Mo
 FATHER 13. NAME Joe William widow
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Missouri Mo
 MOTHER 15. MAIDEN NAME Anna Elizabeth Gooden
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Graysville Missouri Mo
 17. INFORMANT (ADDRESS) Mary Lee Dayle Madison mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Hallsley mo DATE 2/1 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Julia Chapman Madison mo
 20. FILED Jan 31 1939 Etal Clerk Madison

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 30 1939
 22. I HEREBY CERTIFY, That I attended deceased from January 16 1939 to Jan 30 1939
 I last saw him alive on January 30 1939. Death is said to have occurred on the date stated above, at 5:20 P.M.
 The principal cause of death and related causes of importance were as follows:
nephritis (acute) glomerular
 Date of onset Dec 20 1938
 Other contributory causes of importance: mastoiditis Jan 13 1939
 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) A. P. McCormick, M. D.
 (Address) 319 Grand Ave, Moberly, Mo.

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.

84

RECEIVED

District Health Officer No. 10

District File Number 10-39-181

Date Filed FEB 7 1939

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, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Frederic A. Thompson

Licensed Embalmer No. 1420

P. O. Address.....

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

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

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

3609

Do not use this space.

1. PLACE OF DEATH

(a) County Randolph Registration District No. 125

(b) Township _____ Primary Registration District No. 3034 Registered No. _____

(c) City Moberly (d) Street No. _____ St. _____

(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 Sridow Joshua Newton

(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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

38 2 18

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. _____

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) _____

FATHER 13. NAME _____

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

MOTHER 15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19

19. FUNERAL DIRECTOR (ADDRESS) _____

20. FILED _____ 19 _____ Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-30-1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ 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:

nephritis acute Date of onset _____

parenchymatous _____

Cause Un. # _____

Other contributory causes of importance: mastoiditis #913

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) J. L. McCormack M. D.

(Address) Moberly Mo

SUPPLEMENT

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 important.

