REC'D MAR 15 1939

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

6379
Do not use this space.

1. PLACE OF DEATH
(a) County Dekalb Co 2 Registration District No. 263
(b) Township Adams 1 Primary Registration District No. 5365 Registered No.
32 or
(c) City ~~Weatherby~~ (d) Street No. 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ALICE B. NEWELL
(a) Residence, No. Weatherby Mo St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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: John Newell
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 5-9-1892
7. AGE: YEARS 46 MONTHS 9 DAYS 17 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Wife
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 Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Maysville Mo.

FATHER
13. NAME: Willard E. Munn
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wisconsin

MOTHER
15. MAIDEN NAME: Harriet L. Dieter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

17. INFORMANT (ADDRESS): Joseph Munn, Amity, Missouri
18. BURIAL, CREMATION, OR REMOVAL: Burial
PLACE Osborne DATE ~~2-28~~ 2-30 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Geo E. Daniel, Weatherby Mo
20. FILED Mar 2 1939 James Fitzgerald (Local Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-26, 1939
22. I HEREBY CERTIFY, That I attended deceased from Jan. 7, 1939, to Feb. 24, 1939
I last saw her alive on 2-24, 1939. 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
Diabetic gangrene right foot and leg	undet.
Sepsis	Jan, '39
Secondary Anemia 54	undet.

Other contributory causes of importance:

Diabetes mellitus	undet
Generalized arteriosclerosis with hypertension	undet

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? No
If so, specify .....
(Signed) John M. Cooper, M. D.
238 (Address) Maysville, Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 11
District File Number 38-26
Date Filed 3-8-39

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

Signed Geo E Daniel

Licensed Embalmer No. 3300

P. O. Address Weatherby M

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

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