

REC'D SEP 20 1939

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

28806

Do not use this space.

1. PLACE OF DEATH

(a) County Carrollton Registration District No. 135
(b) Township Carrollton Primary Registration District No. 3010
(c) City Carrollton (d) Street No. _____
(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

550
James Emerson Newnham
(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

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 23, 1877
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 6 19
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. Farmer
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) Missouri13. NAME Rice Newnham14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois15. MAIDEN NAME Brock16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.17. INFORMANT Hugh Newnham
(ADDRESS) Bogard, Mo18. BURIAL, CREMATION, OR REMOVAL
PLACE Parish DATE Aug 23, 193919. FUNERAL DIRECTOR (NAME) E. A. Dickerson
(ADDRESS) Bogard, Mo20. FILED 8-23 1939
Arthur Haskins Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-22 1939

22. I HEREBY CERTIFY, That I attended deceased from 8-10-39, 1939, to 8-22, 1939
I last saw him alive on 8/22, 1939. Death is said to have occurred on the date stated above, at 3 A. m.
The principal cause of death and related causes of importance were as follows:

Hypertrophy of prostate Date of onset _____
malignant.

Other contributory causes of importance: 51Name of operation prostatectomy Date of 8/20/39
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. B. Brown, M. D.
(Address) Carrollton Mo

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.

RECEIVED
District Health Officer No. 8,
District File Number
6/8/39

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,

E. A. Decker

, or by

Registered Apprentice No., working under my personal supervision.

Signed

E. A. Decker

Licensed Embalmer No.

2534

P. O. Address

Bogard

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

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