

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

Do not use this space.

36133

1. PLACE OF DEATH

County Butler

Registration District No. 89

Township Poplars Bluff

Primary Registration District No. 5191

City Poplars Bluff Mo. (No.)

File No.

Registered No. 311

St. Ward

2. FULL NAME Eliza Newton

(a) Residence. No. Poplars Bluff Mo. R.R. #4 Ward.

Length of residence in city or town where death occurred yrs. mos. ds.

(If nonresident give city or town and State)

How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Female White Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

unknown

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 10 - 1856

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	71	6	16	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN; (STATE OR COUNTRY) Indiana

PARENTS

10. NAME OF FATHER John Prestress

11. BIRTHPLACE OF FATHER (CITY OR TOWN; (STATE OR COUNTRY) Indiana

12. MAIDEN NAME OF MOTHER unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN; (STATE OR COUNTRY) Indiana

14. INFORMANT Fritz Newton
(Address) Poplars Bluff, Mo. R.R. #4

15. FILED 1-5-1928 W. S. Bailey
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 26 1927

17. I HEREBY CERTIFY, That I attended deceased from June 10 1927 to Dec 26 1927 that I last saw h. or alive on Dec 26 1927, and that death occurred, on the date stated above, at 7:30 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS: Apoplexy Cerebral.

CONTRIBUTORY (SECONDARY) Myocardial degeneration
Arterio Sclerosis

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH, DATE OF

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. H. Smith, M. D.
12/29, 1927 (Address) Poplars Bluff, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Woodlawn **DATE OF BURIAL** 12/26 1927

20. UNDERTAKER A. W. Greer - Poplars Bluff, 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.

DEPARTMENT RECORD

