

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

Do not use this space.

10097

1. PLACE OF DEATH

County Pettis
Township Flat creek
City (No.)

Registration District No. 667
Primary Registration District No. 5891

File No.
Registered No. 79
St. Ward

2. FULL NAME

Mrs. Framer Newbill

(a) Residence No. 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. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Wgn 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
About 96

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Virginia

10. NAME OF FATHER Scott Newbill

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Scott Newbill

12. MAIDEN NAME OF MOTHER Scott Newbill

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Scott Newbill

14. INFORMANT J.H. Newbill
(Address) 416 W. Pettis Street

15. FILED 3-20-28 J. G. HOVE REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 11 1928

17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19....., that I last saw him alive on 19....., and that death occurred, on the date stated above, at.....m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Gradual decline from age. (no other cause known)

CONTRIBUTORY (SECONDARY) 161
(duration) yrs. mos. da. (duration) yrs. mos. da.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) M. J. Jones, Coroner
3-17, 1928 (Address) Sedalia 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 New Bethel DATE OF BURIAL Mar 12 1928

20. UNDERTAKER W.M. Alexander ADDRESS Sedalia

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.

APR 9 1928

