JUL 25 1928

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

Do not use this space.

20267

File No. 18.

Registered No.

1. PLACE OF DEATH
County: Daviess
Township: Marion
City: (No. , St. Ward)
Registration District No.: 254
Primary Registration District No.: 5358

2. FULL NAME: Luella Newton

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 15-1841

7. AGE: Years 87 | Months 4 | Days 27 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN): Kanawa Co
(STATE OR COUNTRY): W. Va.

PARENTS
10. NAME OF FATHER: John W. Boling
11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY): Va
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): ✓
(STATE OR COUNTRY):

14. INFORMANT: Nellie Newton
(Address): Jameson Mo R.R.

15. FILED: Jun 12, 1928 John F Barnes
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 12 1928

17. I HEREBY CERTIFY, That I attended deceased from May 16, 1928, to Jun 12, 1928, that I last saw h. alive on Jun 12, 1928; and that death occurred, on the date stated above, at 4.40 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lung Cancer 92A
Right Foot & Leg 95B
Cardiac Asthma, Jaundice 93B
Ord Bleeding (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) John F Barnes, M. D
Jun 12, 1928 (Address) Tarkio 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: Civilland Christian
DATE OF BURIAL: 6-13-28

20. UNDERTAKER: G L Gramer Pattonsburg
ADDRESS:

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.