

MAY 21 1930

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

Do not use this space.

13677

1. PLACE OF DEATH  
 County Randolph Registration District No. 735  
 Township \_\_\_\_\_ Primary Registration District No. 3034  
 City Moherly, Mo. (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Zinnia Newby  
 (a) Residence No. 518 W Logan 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.

File No. 13677  
 Registered No. 317

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Beube Newby 1866

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 9 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
63 6 8

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 17 1930

17. HEREBY CERTIFY, That I attended deceased from April-16- 1930 to April-17- 1930 that I last saw her alive on April-17- 1930, and that death occurred, on the date stated above, at 7 A. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Cerebral Hemorrhage  
131  
62 A

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 2 ds.

CONTRIBUTORY (SECONDARY) Chronic Interstitial Nephritis (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co Mo

10. NAME OF FATHER Mason Perkins

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

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 Physical symptoms  
 (Signed) E. W. Shrader M. D.  
April-17-1930 (Address) Moherly, Mo.

14. INFORMANT Miss Nettie Newby  
 (Address) 518 Logan

15. FILED Apr 17 1930 Dr. J. H. Fleming  
 REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL  
Oakton Cemetery Apr 20 1930

20. UNDERTAKER ADDRESS  
Geo. W. Minor Moherly Mo

WHITE 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.

