

MAY 28 1930

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

Do not use this space.

15115

1. PLACE OF DEATH

County Vernon  
Township Center  
City Wagon

Registration District No. 875  
Primary Registration District No. 3039

File No. \_\_\_\_\_  
Registered No. 82 St. \_\_\_\_\_ Ward)

2. FULL NAME

Jarila Victoria Newland

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Jan 18 - 1870</u>		
7. AGE <u>90</u>	YEARS <u>3</u>	MONTHS <u>9</u>
IF LESS than 1 day, .....hra. or .....min.		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. House Keeper

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Franklin  
(STATE OR COUNTRY) Gemsonco 129

10. NAME OF FATHER William Newland

11. BIRTHPLACE OF FATHER (CITY OR TOWN) OK  
(STATE OR COUNTRY) Kentucky

12. MOTHER'S NAME (NOTE) None in C. Cl. G. 4-27-30

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) OK  
(STATE OR COUNTRY) Virginia

14. INFORMANT John Scott  
(Address) Nevada, Mo

15. FILED 5/6/30 E. King  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-27-30 19

17. I HEREBY CERTIFY, That I attended deceased from 4-19-30 19, to 4-27-30 19, and that I last saw h. or alive on 4-19-30 19, and that death occurred, on the date stated above, at 11:30 A m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
chronic bright's disease

1.31

unknown (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 129 (duration) yrs. mos. ds.

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 Heller test  
(Signed) J. J. Humber M. D.  
4-27-30 (Address) Nevada, 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 Newton Cemetery DATE OF BURIAL 4/28/30 1930

20. UNDERTAKER Very Funeral Home Nevada 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.

