

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

Do not use this space.

27388

74

1. PLACE OF DEATH

County New Madrid

Registration District No. 604

Township _____

Primary Registration District No. 5802

City 11 11 11 (No. _____)

4338

File No. _____

Registered No. _____

St. _____ Ward _____

2. FULL NAME

Aldia Phillips Newsum

(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

Female

4. COLOR OR RACE

White

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

Widow

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

Edward Newsum

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

2-12-1842

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
88	6	3	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work As wife
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

New Madrid Mo.

(STATE OR COUNTRY)

10. NAME OF FATHER

Richard Phillips

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Van

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Elizabeth

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Van

(STATE OR COUNTRY)

14.

INFORMANT

(Address)

Mrs E. E. Phillips
New Madrid Mo.

15.

FILED

8/16/30 W. W. Harmon
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-15 1930

17. I HEREBY CERTIFY, That I attended deceased from 7-29- 1930, to 8-15- 1930

that I last saw him alive on 8-15, 1930, and that death occurred, on the date stated above, at 3:25 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Choleraeitis
Infectious
12913

(duration) _____ yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

72413

(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? Physiol Exam

(Signed) W. W. Harmon M. D.

, 19 (Address) New Madrid 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 Evergreen Cem **DATE OF BURIAL** 8/17 1930

20. UNDERTAKER Richardson Und Co **ADDRESS** New Madrid

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.

SEP 3 1930

