NOV 21 1930 Morris

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

Do not use this space.

32441

1. PLACE OF DEATH
County Cole
Township
City Jefferson (No. ..... St. ..... Ward)

Registration District No. 213
Primary Registration District No. 3017

File No.
Registered No. 237

2. FULL NAME Frances NEWKAM

(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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct - 9 - 1930

7. AGE: YEARS | MONTHS | DAYS 10 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson City Mo

PARENTS
10. NAME OF FATHER F. B. Newkam
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Carrollton Mo
12. MAIDEN NAME OF MOTHER Virginia Kenworthy
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Kan

14. INFORMANT F. B. Newkam
(Address) Jefferson City Mo

15. FILED 11/8 1930 S. V. Bedford REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 19 1930.

17. I HEREBY CERTIFY, That I attended deceased from Oct 9, 1930, to Oct 19, 1930 that I last saw her alive on Oct 19, 1930, and that death occurred, on the date stated above, at 4 30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Intestinal Obstruction

159
122 B (duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (SECONDARY) Premature Infant (6½ mo)
(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? Clinical

(Signed) R. P. Lynn, M. D.
, 19 (Address) Jefferson City, 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: River View Cem.
DATE OF BURIAL: 10/20 1930

20. UNDERTAKER: Wymore - Gordon
ADDRESS: J C Mo

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.