

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

Do not use this space.

2659

FEB 27 1931

1. PLACE OF DEATH

94 County St. Francois
Township 1
City Farmington (No.)

Registration District No. 773
Primary Registration District No. 4464

File No.
Registered No. 10 (Ward)

2. FULL NAME

Emily Jane McNew

(a) Residence. No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 11 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 widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 1 - 1852

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
78 7 21

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) 734
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Parisville Mo.

10. NAME OF FATHER Chas. Henderson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mont. (now)

12. MAIDEN NAME OF MOTHER Elizabeth Ellis

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Parisville Mo.

14. INFORMANT Jill McNew
(Address) Farmington Mo.

15. FILED Jan 24 1931 T. J. Robinson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 12 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 1 1927, 19... to Jan 22 1931, that I last saw h. alive on Jan 22 1931, and that death occurred, on the date stated above at 10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arteriosclerosis

99 (duration) 5 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? (P)

WHAT TEST CONFIRMED DIAGNOSIS (Signed) G. W. Atchison, M. D. , 19 (Address)

*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 DATE OF BURIAL
Edon Park Cemetery Jan 27 1931

20. UNDERTAKER ADDRESS
Farmington Video Local

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.

