WRITE 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.

JUN 24 1931

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

Do not use this space.

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 85 — File No.: 17158

Township: — Primary Registration District No.: 1001 — Registered No.: 499

City: St.Joseph, (No. St.Joseph's Hospital St. Ward)

2. FULL NAME: Scott L.Newton

(a) Residence. No. 505½ Middleton St. St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May,6,1859

7. AGE: Years 72 — Months 0 — Days 2 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Second Hand Dealer & 170

(b) General nature of industry, business, or establishment in which employed (or employer): House Wrecker.

(c) Name of employer: Self.

9. BIRTHPLACE (CITY OR TOWN): Hornsville, (STATE OR COUNTRY): N.Y. 2

PARENTS

10. NAME OF FATHER: William Newton

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Hornsville, (STATE OR COUNTRY): N.Y.

12. MAIDEN NAME OF MOTHER: Esther Lanphere

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Hornsville, (STATE OR COUNTRY): N.Y.

14. INFORMANT: W.S.Newton (Address): 2626 Renick St.

15. FILED MAY 9 1931 John R Bender REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May,8,1931 19

17. I HEREBY CERTIFY, That I attended deceased from Viewed on May,8,1931, 19, to , 19 that I last saw him alive on , 19, and that death occurred, on the date stated above, at 2.30 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Suicide by Fire Arms at 505½ Middleton St. St Joseph Mo.

167

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): none

167

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? Yes DATE OF 5/7 31

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? History

5/8 (Signed) B.W. Tadlock Coroner, M.D

, 19 31 (Address) 821 Francis St Joseph 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: Ashland Cemetery — DATE OF BURIAL: May,9, 19 31

20. UNDERTAKER: Walter Meinhoffer — ADDRESS: 1302 Faraon St.