

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

Do not use this space.

36718

PLACE OF DEATH

County Wright Registration District No. 906
 Township Gopemad Primary Registration District No. 6224
 City Manfield (No. RFD) St. _____ Ward _____

File No. _____
 Registered No. 38

2. FULL NAME William Newton
 (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 93 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|--|--|
| 3. SEX <u>M</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Polly Ann Newton</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 14 - 1835</u> | | |
| 7. AGE | YEARS <u>95</u> | MONTHS <u>10</u> |
| | DAYS <u>24</u> | IF LESS than 1 day, _____ hrs. or _____ min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u> | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | |
| | 10. Date deceased last worked at this occupation (month and year) <u>Oct 1921</u> | 11. Total time (years) spent in this occupation <u>Life</u> |
| | 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lawrence Mo</u> <u>Indiana</u> | |
| FATHER | 13. NAME <u>Chas Newton</u> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lawrence Mo</u> <u>Indiana</u> | |
| | 15. MAIDEN NAME <u>Sally Henderson</u> | |
| MOTHER | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lawrence Mo</u> <u>Indiana</u> | |
| | 17. INFORMANT <u>Edward C Newton</u> <u>Manfield</u> | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Pleasant Hill</u> DATE <u>Oct 11</u> 19 <u>31</u> | | |
| 19. UNDERTAKER <u>H. J. Sullivan</u> <u>Manfield Mo</u> | | |
| 20. FILED <u>Oct 18</u> 19 <u>31</u> <u>Inabel Bear</u> Registrar. | | |

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 8 1931

22. I HEREBY CERTIFY, That I attended deceased from Jan 3 1931 to Oct 8 1931
 I last saw him alive on Oct 3 - 150 P 1931. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
82A
162
82 A
 Date of report Apr 19

Other contributory causes of importance:
old age

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____ 19 _____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) J. J. Fuson, M. D.
 (Address) Manfield 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.

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