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.

JUL 21 1932

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

Do not use this space.

18808

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 86 — File No.:

Township: Washington — Primary Registration District No.: 527 — Registered No.: ~~45~~

City: ~~St. Joseph~~, (No. ½ mi. no. of St. Joseph, St. 414 Ward)

2. FULL NAME Ray William Newton

(a) Residence, No. R.F.D. #2. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May, 3, 1858

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
	74	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter

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): 1927

11. Total time (years) spent in this occupation: 30 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hornersville, N.Y.

FATHER

13. NAME: William Newton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hornersville, N.Y.

MOTHER

15. MAIDEN NAME: Esther Lampshire

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hornersville, N.Y.

17. INFORMANT (ADDRESS): Mrs. Hattie Newton R.F.D. #2. St. Jos, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Memorial Park Cem. DATE: June, 13, 1932

19. UNDERTAKER (ADDRESS): Walter Meinhoffer 1302 Faraon St. St. Joseph, Mo.

20. FILED: June 11, 1932 J. J. Bauslock, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June, 10, 1932, 19

22. I HEREBY CERTIFY, That I attended deceased from April 25, 1932, to June 10, 1932

I last saw him alive on June 10, 1932. Death is said to have occurred on the date stated above, at 3.30 P.M.

The principal cause of death and related causes of importance were as follows:

Cirrhosis of liver — Date of onset

1243 1248

Other contributory causes of importance: ascites

Name of operation: Aspirate of dowsing — Date of: June 8-32

What test confirmed diagnosis: clinical — Was there an autopsy? no

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? no

If so, specify

(Signed) B. W. Toothaker, M. D.

(Address) Phys. & Surg. Bldg. St. Joseph, Mo.