WHITE PLANET, 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.

JAN 24 1933

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

Do not use this space.

39503

1. PLACE OF DEATH
48 County Jackson — Registration District No. 398
5 Township Blue — Primary Registration District No. 3019
8 City Independence (No. 308 South Fuller St. ..... Ward)

File No. .....
Registered No. 396

2. FULL NAME William Newton
(a) Residence, No. 308 South Fuller 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar. 18-1840

7. AGE: YEARS 92 — MONTHS 8 — DAYS 28 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Minister
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Organized Church of Jesus Christ of Latter Day Saints
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Stoke Cannon England

FATHER
13. NAME: Wm Newton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown England

MOTHER
15. MAIDEN NAME: Mary Ann Cooper
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown England

17. INFORMANT (ADDRESS): Malena Newton 308 South Fuller St

18. BURIAL, CREMATION, OR REMOVAL
PLACE Kansas City Ks DATE Dec. 19 1932

19. UNDERTAKER (ADDRESS): Carson Funeral Home Independence Mo

20. FILED Dec. 17, 1932 F L Cook
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1928, to Dec. 16, 1932
I last saw him alive on Dec. 15, 1932. Death is said to have occurred on the date stated above, at 7:53 A
The principal cause of death and related causes of importance were as follows:

Date of onset

Myocardial Degeneration

930

Other contributory causes of importance:

930

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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) Chas. F. Grabske, M. D.
(Address) Independence Mo