

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

Do not use this space.

27369

1. PLACE OF DEATH

86 County Putnam
Township Jackson
City (No. _____) _____

Registration District No. 718
Primary Registration District No. 5949

File No. _____
Registered No. 76 St. _____ Ward _____

2. FULL NAME

Jessie Newell

(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 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>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Etta Newell</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 25-1872</u>		
7. AGE YEARS <u>58</u> MONTHS <u>1</u> DAYS <u>6</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>Aug. 1, 1933</u>	
11. Total time (years) spent in this occupation <u>44 1/2</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo. Mo.</u>		
MOTHER FATHER	13. NAME <u>H. S. Newell</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Iowa</u>	
	15. MAIDEN NAME <u>Livina Bradshaw</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo. Mo.</u>	
17. INFORMANT (ADDRESS) <u>H. S. Newell, Putnam Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Unionville Mo.</u> DATE <u>Sept. 1, 1933</u>		
19. UNDERTAKER (ADDRESS) <u>F. O. Newell & Son, Unionville Mo.</u>		
20. FILED <u>1933</u> <u>J. H. Hatman</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1917 to Aug 21, 1933
I last saw him alive on July 26, 1933. Death is said to have occurred on the date stated above, at 3:45 P.M.
The principal cause of death and related causes of importance were as follows:
Myocardial Degeneration
131
93c
131

Other contributory causes of importance:
Chr. Cardio-hepato-renal disease 1931

Name of operation None Date of _____
What test confirmed diagnosis? Clin. & Lab. 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) Phyllis E. Cobb, M. D.
(Address) Unionville Mo

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.

OCT 20 1933

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