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.

APR 2 1935

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

Do not use this space.

8148

85

1001

1. PLACE OF DEATH
County: Buchanan — Registration District No.: 85 — File No.: 8148
Township: — Primary Registration District No.: 1001 — Registered No.: 328
City: St. Joseph, Mo. (No. St. Ward) — St. Joseph Mo. Methodist Hosp.

2. FULL NAME: Ella Nora Isabelle Newby

(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 12. 1856

7. AGE: Years 78 — Months 6 — Days 6 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeper.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home.
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): Buchanan Kentucky.

FATHER
13. NAME: Alex Arr.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER
15. MAIDEN NAME: Editha Wright.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Buchanan Kentucky.

17. INFORMANT (ADDRESS): Mrs Mae Crouch.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Brethern Cemetery DATE: 3-20, 1935

19. UNDERTAKER (ADDRESS): De Moss Crews Lathrop Mo.

20. FILED: 3-19, 1935 John R Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3/18, 1935

22. I HEREBY CERTIFY, That I attended deceased from 2/9, 1935, to 3/18, 1935
I last saw her alive on 3/18, 1935. Death is said to have occurred on the date stated above, at 10:45 pm
The principal cause of death and related causes of importance were as follows:

Hypostatic Pneumonia — Date of onset 2/25
Senile Dementia
Pneumonia

Other contributory causes of importance:
Fracture of left hip 2/7/35
Senility
Acute Fibrinous Pleurisy (Left) 3/16/35

Name of operation: Spica Cast of Left Hip — Date of: 2/9
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: Accident — Date of injury: 2-7, 1935
Where did injury occur? Lathrop Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place: Public place
Manner of injury: Fell on dance floor
Nature of injury: Fracture of left hip

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) B. F. Pace, Jr., M. D.
(Address) St. Joseph Mo. Meth. Hosp.