

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

Do not use this space.

FEB 18 1936

407

1. PLACE OF DEATH
 County Callaway Registration District No. 104
 Township Fulton Primary Registration District No. 3008
 City Fulton (No. _____) St. _____ Ward _____

2. FULL NAME William Edward Newland
 (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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/7 36 19

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

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1935 19 to Present. 19

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12/31 1874

I last saw him alive on 1/6/36 19. Death is said to have occurred on the date stated above, at 8.30p M.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
61 0 8

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Oculist
 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) _____ 11. Total time (years) spent in this occupation _____

Cirrhosis of liver, hypertrophic. Date of onset Don't know

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

Other contributory causes of importance: Acites, oedema general.

13. NAME Edward Newland

Name of operation _____ Date of _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

What test confirmed diagnosis? H. W. Was there an autopsy? no

15. MAIDEN NAME Lula Bolton

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.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

Manner of injury _____
 Nature of injury _____

17. INFORMANT Mrs W. E. Newland Fulton Mo.
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Fulton Mo. DATE 1/9 36

19. UNDERTAKER Herndon Taylor Fulton Mo.
 (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Greene D. McCall M. D.
 (Address) Fulton Mo.

20. FILED Jan 7, 1936 R. M. Crews
 Registrar.

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.

