

JUN 17 1937

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

Do not use this space.

1. PLACE OF DEATH

County Butte  
Township newport  
City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 88  
Primary Registration District No. 5130

File No. 10588  
Registered No. 32  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Sarah Ellen McNew

(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) widowed

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OR (OR) WIFE OF Benton McNew

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 17-18 1865

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 71 7 18

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

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Keokuk Co. mo.

13. NAME Sol Bass

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

15. MAIDEN NAME Sara Ann Blanchard

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Engler Co mo

17. INFORMANT (ADDRESS) David McNew

18. BURIAL, CREMATION, OR REMOVAL PLACE Longs Butte DATE May 6 1937

19. UNDERTAKER (ADDRESS) Mrs. Keith

20. FILED 6-1 1937 R. L. Turner Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4 1937

22. I HEREBY CERTIFY, That I attended deceased from May 3 1937 to May 4 1937

I last saw him alive on May 3 1937 Death is said to have occurred on the date stated above, at 8:30 a.m.

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

myocardial degeneration  
hypertension  
Date of onset \_\_\_\_\_

Other contributory causes of importance: chronic nephritis

Name of operation no Date of \_\_\_\_\_

What test confirmed diagnosis? dead Was there an autopsy? \_\_\_\_\_

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) W. E. ... M. D.

(Address) newport mo.

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.

