AUG - 5 1937

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

Do not use this space.

85464

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 6638

City St. Louis, Mo (No. Barnes Hospital St. ..... Ward)

2. FULL NAME William P. Newton

(a) Residence, No. 5891 Washington St., 5 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 Ida Newton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 4, 1854

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
82	9	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auditor for
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. St. L & San Fransisco R. R.
10. Date deceased last worked at this occupation (month and year) 1924
11. Total time (years) spent in this occupation .....

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

FATHER

13. NAME James Newton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

MOTHER

15. MAIDEN NAME Mary Hall
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

17. INFORMANT (ADDRESS) Ida Newton 5891 Washington

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellefontaine DATE July 12, 1937

19. UNDERTAKER (ADDRESS) Alexander & Sons 6175 Delmar Blvd.

20. FILED [redacted] 10 [redacted] J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-9, 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-30, 1937, to 7-9, 1937

I last saw him alive on 7-9, 1937. Death is said to have occurred on the date stated above, at 5:20 p.m.

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

	Date of onset
UREMIA	6/30
ANURIA, POST-OPERATIVE	"
ARTERIOSCLEROSIS, GENERALIZED	
ARTERIOSCLEROTIC HEART DISEASE	
PROSTATIC HYPERTROPHY, BENIGN	

Other contributory causes of importance:

950

Name of operation SUPRA PUBIC PROSTATECTOMY Date of 6/30

What test confirmed diagnosis? ..... Was there an autopsy? yes

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) [signature], M. D.

(Address) BARNES HOSPITAL

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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