

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

Do not use this space.

REC'D APR 5 1938

11859

1. PLACE OF DEATH

County Randolph
 Township.....
 City Cairo MO (No.....) St..... Ward.....

Registration District No. 129
 Primary Registration District No. 4434

File No.....
 Registered No.....

2. FULL NAME

Nettie Bettie Newton 558

(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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 29-1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
76 9 12

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

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) Paris, P. E. Co. Monroe Co.

13. NAME Walker Wright

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

15. MAIDEN NAME Jane Green

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

17. INFORMANT Frank J. Newton (ADDRESS) Cairo MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE Plasant View DATE Feb 13, 1938

19. UNDERTAKER Snow Funeral Home (ADDRESS) 2nd Street Cairo MO.

20. FILED Mar 10, 1938 Dr. J. P. Allen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb, 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 6, 1938 to Feb 10, 1938

I last saw him alive on Feb 10th, 1938. Death is said to have occurred on the date stated above, at 11:50 P. m.

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

Branches Pneumonia Date of onset Feb 2, 1938

Other contributory causes of importance:

Age & random condition of system

Name of operation..... Date of.....
 What test confirmed diagnosis?..... 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) John P. Allen, M. D. Cairo 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.

