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.

REC'D JUN 9 1938

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

Do not use this space.

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. General Hospital St. Ward) 350

Registration District No. 399
Primary Registration District No. 1002

File No. 17163
Registered No. 1860

2. FULL NAME Emma Jane Newton
(a) Residence, No. 6433 E 16 th St St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 3 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: Roger Newton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 8 1903

7. AGE: 34 YEARS | MONTHS: 8 | DAYS: 25 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Machine operator
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Cowdens
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): Mo 0

FATHER
13. NAME: Charles A. Shore 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Franklin Co. Kansas 0

MOTHER
15. MAIDEN NAME: Nancy Carrie Taylor
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Johnson Co. Mo.

17. INFORMANT (ADDRESS): Roger Newton 6433 E 16 St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Holden, Mo. DATE 5-5-1938

19. UNDERTAKER (ADDRESS): SHEIL FUNERAL HOME 6606 INDEPENDENCE AVE.

20. FILED May 3, 1938 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 3, 1938

22. I HEREBY CERTIFY that I attended deceased from ....., to ....., 19....
I last saw her alive on 5-3-1938 Death is said to have occurred on the date stated above, at 6:25 A.M.
The principal cause of death and related causes of importance were as follows:

Deputy Coroner

Encephalomalacia
Cerebral Hemorrhage 8 Dec 1

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
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? .....
If so, specify .....
(Signed) [signature], M. D.
(Address) Gen Hosp, K.C. Mo

APR 11 1946

JUN 3 1946