

REC'D OCT 21 1938

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

32352
Do not use this space.

1. PLACE OF DEATH

(a) County Iron Registration District No. 391
(b) Township Arcadia Primary Registration District No. 4230 Registered No. 54
(c) City Ironton (d) Street No. St. Mary's Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Charles James Newman 550

(a) Residence, No. Ironton Mo. St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ##
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 9 1867
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 5 87

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. contractor
9. Industry or business in which work was done, as saw mill, bank, etc. painting
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) Ironton Mo. 0

13. NAME Thomas Newman 4

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England 4

15. MAIDEN NAME Jane Carter

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

17. INFORMANT Mrs Jennie Huff (ADDRESS) Ironton Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Arcadia Mo. DATE Sept 8 38
Masonic Cem.

19. FUNERAL DIRECTOR Norman White & Sons (ADDRESS) Ironton Mo.

20. FILED Sept 10 1938 R. A. Rasche Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 6 1938

22. I HEREBY CERTIFY, That I attended deceased from 7/27 1938, to Sept 6 1938
I last saw him alive on Sept 6 1938 Death is said to have occurred on the date stated above, at 9.30P. am.
The principal cause of death and related causes of importance were as follows:

Bronchial-Pneumonia Date of onset 9/4/38
Cerebral hemorrhage with Paralysis 9/27/38
Hypertension 9
Other contributory causes of importance: Spinal

Name of Operation none Date of 9
What test confirmed diagnosis? none 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) R. E. Harland, M. D.
Ironton Mo. (Address) 355

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.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)