

REC'D DEC 19 1938

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

Do not use this space.

## 1. PLACE OF DEATH

County HarrisonTownship Madison

City

(No. ....)

Registration District No. 336Primary Registration District No. 5471File No. 39277Registered No. 15

St. .... Ward)

2. FULL NAME Clara Dell West Newton(a) Residence, No. R. F. D. Cainsville St. .... Ward. ....

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 79 yrs. .... mos. 19 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) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November, 11, 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.

79 No 19

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

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) Harrison, County, Missouri. (STATE OR COUNTRY)13. NAME Hannibal Harrison14. BIRTHPLACE (CITY OR TOWN) Ohio (STATE OR COUNTRY)15. MAIDEN NAME Edith West.16. BIRTHPLACE (CITY OR TOWN) Pennsylvania. (STATE OR COUNTRY)17. INFORMANT Bela Haley (ADDRESS) Cainsville, Missouri18. BURIAL, CREMATION, OR REMOVAL PLACE Fairview Cemetery Nov. 30, 193819. UNDERTAKER Edith Stokasa (ADDRESS) Cainsville, Missouri.20. FILED 137 19 38 388 Oden Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November, 30, 193822. I HEREBY CERTIFY, That I attended deceased from Nov. 29, 1938, to Nov. 30, 1938I last saw her alive on Nov. 30, 1938. Death is saidto have occurred on the date stated above, at 12:30 A.M.

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

Date of onset

Other contributory causes of importance:

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? .....

If so, specify .....

(Signed) H. Haley, M. D.(Address) Cainsville, Missouri.

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.

