

REC'D FEB 16 1939

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

1838

Do not use this space.

1. PLACE OF DEATH

(a) County Camden Registration District No. 275
(b) Township Anglaise Primary Registration District No. 5170B
(c) City Richland or Richland
(d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St.
(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

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

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 Valley Belle Eakens

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 23-1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 8 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 1937 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Camden County Mo13. NAME Alfred N. Newman 914. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 915. MAIDEN NAME American Burcham16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown17. INFORMANT (ADDRESS) Mrs. Belle Newman
Richland, Mo18. BURIAL, CREMATION, OR REMOVAL PLACE General Burial - Trusts, Mo. DATE 1/8-3919. FUNERAL DIRECTOR (NAME) (ADDRESS) Ch. Casey
Iberia, Mo20. FILED Jan 12, 1939 Mrs. Mae Paul Mooney
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/7-1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 31, 1938, to Jan 7, 1939.
I last saw him alive on Jan 7, 1939. Death is said to have occurred on the date stated above, at 7:20 p.m.
The principal cause of death and related causes of importance were as follows:

Cerebral Poplexy Date of onset 1-2-1939

Other contributory causes of importance: unknown

Name of operation none Date of _____
What test confirmed diagnosis? Bed Side Was there an autopsy? no

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) Cevent A. Oliver, M. D.
Richland, Mo.

RECEIVED
District Health Officer No. 71
District File Number 7-29-177
Date Filed 2-6-39

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.