

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

6363  
 Do not use this space.

REC'D MAR 15 1939

1. PLACE OF DEATH

(a) County Daviess Registration District No. 254

(b) Township Anton Primary Registration District No. 5355

(c) City or          (d) Street No.          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 Betty Jane 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)         

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2/26/31

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

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OCCUPATION

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

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)          11. Total time (years) spent in this occupation         

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

FATHER

13. NAME Sterling Newman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Daviess, Co., Mo.

MOTHER

15. MAIDEN NAME Velma Clark

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrison Co., Mo.

17. INFORMANT Sterling Newman (ADDRESS) Pattonsburg, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Old Town DATE 2/9/39 19

19. FUNERAL DIRECTOR (NAME) J. Schroener (ADDRESS) Pattonsburg, Mo.

20. FILED 2/8/39 19 Travis C. Sutton 331 (Address) Pattonsburg  
 Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/7/39 19

22. I HEREBY CERTIFY, That I attended deceased from July 1 1927 to Feb. 7 1927

I last saw him alive on Feb. 7 1927 Death is said to have occurred on the date stated above, at 2 P. M.

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

Tumor of brain ✓

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 T. Leach Hedges (Signed)          M. D.

(Address) Pattonsburg

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state statement of OCCUPATION in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

55A

District File No. 39-37  
Date Filed 3/8/39

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 *H. L. G. G. G.*

Licensed Embalmer No. 2857

P. O. Address *Pattersonburg N.C.*

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.

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

6363  
Do not use this space.

1. PLACE OF DEATH

(a) County Darress Registration District No. 25-4  
(b) Township Benton Primary Registration District No. 6363-  
(c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ 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. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Betty Jane 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

MEDICAL CERTIFICATE OF DEATH

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-7, 1939

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

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_

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

I last saw \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

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

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
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)  
11. Total time (years) spent in this occupation

Interior of Brain benign  
Date of onset

12. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY)

Other contributory causes of importance: 54th

13. NAME

14. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY)

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY)

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)

17. INFORMANT (ADDRESS)

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE \_\_\_\_\_ DATE \_\_\_\_\_, 19\_\_\_\_

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

19. FUNERAL DIRECTOR (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify Frank Hedges, M. D.  
(Signed) Pattonburg mo  
(Address)

20. FILED \_\_\_\_\_, 19\_\_\_\_ Local Registrar.

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.  
CHOICE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

