REC'D MAY 22 1939

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

15415
Do not use this space.

1. PLACE OF DEATH
(a) County Livingston Registration District No. 508
(b) Township Primary Registration District No. 3026 Registered No. 60
(c) City Chillicothe (d) Street No. Chillicothe 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 Samuel H. Newton
(a) Residence, No. 350 R7 & 2 St. Tina, Missouri
(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 M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maggie Newton
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 1, 1871
7. AGE YEARS 68 MONTHS 3 DAYS 14 If LESS than 1 day, ...hrs. or ....min.

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. Farmer
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) Carroll County Missouri O

FATHER
13. NAME Herbert Newton S
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown S

MOTHER
15. MAIDEN NAME Lettia Gibbs
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs Maggie Newton Tina Missouri
18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Mound DATE April 18, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Clifford W Austin Tina Missouri
20. FILED 4-19-, 1939 Donald H. Dowell, M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 15, 1939
22. I HEREBY CERTIFY, That I attended deceased from April 11, 1939 to April 15, 1939
I last saw him alive on April 15, 1939. Death is said to have occurred on the date stated above, at 6:00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial pneumonia	4/12/39
Other contributory causes of importance: Influenza	4/11/39

Name of operation None Date of
What test confirmed diagnosis? Clinical 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) R. J. Brennan, M. D.
(Address) Chillicothe, Missouri

(Licensed Embalmer's Statement on Reverse Side)

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

...ED

...Officer No. 11

District File Number 39-497

Date Filed MAY 11 1939

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, Clifford W Austin, or by

Registered Apprentice No. ✓, working under my personal supervision.

Signed Clifford W Austin

Licensed Embalmer No. 3233

P. O. Address Tina, Missouri

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

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