

NOV 20 1939

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

36405
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 417
(b) Township JOPLIN Primary Registration District No. 3024 Registered No. 91
(c) City Webb City (d) Street No. 916 WEST SECOND 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 Graydon P. Newell

(a) Residence, No. 916 W 2nd 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 <u>Female</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF <u>Harvey P. Newell</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 24 1900</u> | | |
| 7. AGE | YEARS <u>39</u> | MONTHS <u>2</u> |
| | DAYS <u>24</u> | 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. <u>at home</u> | |
| | 10. Date deceased last worked at this occupation (month and year) | |
| FATHER | 11. Total time (years) spent in this occupation | |
| | 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cassville Missouri</u> | |
| MOTHER | 13. NAME <u>Lilbert Gladders</u> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u> | |
| 15. MAIDEN NAME <u>Dawn Merrill</u> | | |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u> | | |
| 17. INFORMANT <u>Harvey P. Newell</u> (ADDRESS) <u>Webb City Mo.</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLAC <u>Mount Hope Cem</u> DATE <u>Oct 20 1939</u> | | |
| 19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Webb City Undertaking Co.</u> <u>Webb City Mo.</u> | | |
| 20. FILED <u>OCT. 20. 39</u> 19 <u>Local Registrar</u> | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 15 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug. 14 1939 to Oct. 15 1939, 1939
I last saw her alive on Oct. 15 1939. Death is said to have occurred on the date stated above, at 8:15 a.m.
The principal cause of death and related causes of importance were as follows:
Carcinoma of breast with metastases

Other contributory causes of importance: 50

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) Mr. J. H. ...
(Address) 205 W. ...

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.

RECEIVED

District Health Officer No. 6,

Case File Number 1639-2236

Date Filed NOV 8 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, or by myself

....., Registered Apprentice No.

working under my personal supervision.

Signed

Blayton M. Johnston

Licensed Embalmer No. 3922

P. O. Address Webb City, Mo

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.