

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

43353
Do not use this space.

1. PLACE OF DEATH ²
 (a) County Gentry Registration District No. 311
 (b) Township Clinton Primary Registration District No. 5433
 (c) City Beverwood (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. 2 mos. 18 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Estel Lucile Newby
 (a) Residence, No. _____ St.
 (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 Female 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 Stanley Newby
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-21-1912
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
27- 3 24
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House wife
 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) 9-10-1939 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gentry County Missouri
 FATHER 13. NAME Andrew L. Malson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gentry Co. Missouri
 MOTHER 15. MAIDEN NAME Edley Murphy
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gentry County Missouri
 17. INFORMANT (ADDRESS) Stanley Newby
Beverwood, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE New Friendship DATE 11-17-1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. Ewan Johnson
Starburg, Mo.
 20. FILED Dec 10 1939 W. Williamson
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-15-1939
 22. I HEREBY CERTIFY, That I attended deceased from Oct 25 1939 to Nov 15 1939
 I last saw her alive on Nov 15 1939 Death is said to have occurred on the date stated above, at 5 a.m.
 The principal cause of death and related causes of importance were as follows:
Chronic valvular heart disease
 Date of onset _____
 Other contributory causes of importance: influenza
 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) P. G. Garter, M.D.
 (Address) Beverwood, Mo.

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: 11;

District File No: 140-1808

Date Filed JAN 5 1940

JAN 19 1943

JAN 1 1947

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,

J. Ewan Johnson

or by

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

Signed

J. Ewan Johnson

Licensed Embalmer No. 3492

P. O. Address *Stanberry, 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.