FILED APR 17 1940

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

11080
Do not use this space.

1. PLACE OF DEATH
(a) County Henry 20 Registration District No. 349
(b) Township Primary Registration District No. 4267 Registered No. 3
(c) City Calhoun (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 77 yrs. 4 mos. 6 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 550 Columbia Newman
(a) Residence, No. ~~Lifetime~~ Calhoun Mo. 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 Charles Newman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-9-1862

7. AGE YEARS 77 MONTHS 7 DAYS 6 If LESS than 1 day, ... hrs. or ..... min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Calhoun Mo. 0

FATHER
13. NAME Lewis Goff 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Calhoun Mo. 0

MOTHER
15. MAIDEN NAME Sarah Ann Wiley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Calhoun Mo.

17. INFORMANT (ADDRESS) Charles Newman Calhoun Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calhoun DATE 3/17 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Fred Wilkinson Clinton Mo.

20. FILED March-17 1940 Mrs. Edith J. Simpson Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/15/40 1940

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1940, to March 15, 1940
I last saw her alive on March 15, 1940 Death is said to have occurred on the date stated above, at 9:05 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
cardiac decompensation	?
Other contributory causes of importance: arteriosclerosis	?

9583

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) Ray B. Jordan, M. D.
(Address) Windsor Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

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RECEIVED
District Health Officer No. 7

District File Number

Date Filed

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 Fred Wickerson

Licensed Embalmer No. 2678

P. O. Address Clinton 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.