

OCT 24 1927

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

26389
3

1. PLACE OF DEATH

County, Andrew
Township, Madaway
City,

Registration District No. 13
Primary Registration District No. 5016
(No. 1 1/2 Miles So. of Savannah, Mo. St. Ward)

File No.
Registered No. 59

2. FULL NAME Martin Newman,

(a) Residence, No. 1 1/2 M. So. of Savannah, Mo. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. 6 mos. da. How long in U.S., if of foreign birth? 30 yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 15, 1927

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

17. I HEREBY CERTIFY, That I attended deceased from Sept 29, 1927 to Sept 15, 1927, that I last saw him alive on Sept 13, 1927 and that death occurred, on the date stated above, at 11 P.M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 10, 1882

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 45 4 5

Cremonomycosis
Induratum
(duration) yrs. mos. da.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Farmer. (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer

CONTRIBUTORY (SECONDARY) Missing
(duration) yrs. mos. da.

9. BIRTHPLACE (CITY OR TOWN) Unknown, (STATE OR COUNTRY) Germany,

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

10. NAME OF FATHER Unknown,

18. DID AN OPERATION PRECEDE DEATH? DATE OF WAS THERE AN AUTOPSY?

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown, (STATE OR COUNTRY) Germany,

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) Walter C. Meigs, M.D.

12. MAIDEN NAME OF MOTHER Julia Arndt,

Sept 16, 1927 (Address) Savannah

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown, (STATE OR COUNTRY) Germany,

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT Mrs. Anna T. Newman, (Address) R. E. D. #5 Savannah, Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Jo. Memorial Park Cem. DATE OF BURIAL Sept. 17 1927

15. Sept 16 W. C. Meigs REGISTRAR

20. UNDERTAKER Hector Belsale ADDRESS Savannah, MO.

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.

