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

Do not use this space.

37003

File No. 26038

Registered No. 4528

1. PLACE OF DEATH

County: Jackson

Township: Law

City: Kansas City (No. 6000 M S Gee St. Ward)

Registration District No. 399

Primary Registration District No. 1002

2. FULL NAME Walter Jerome Newell

(a) Residence. No. 708 W 49th St., Ward.
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds.

How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: wh

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Marjorie Newell

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan. 16, 1896

7. AGE: Years 31 | Months 11 | Days 4 | If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Insurance 51D
(b) General nature of industry, business, or establishment in which employed (or employer): 53E
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas City Mo.

PARENTS

10. NAME OF FATHER: Arthur Newell

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): England

12. MAIDEN NAME OF MOTHER: Jennie Atwater

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Conn.

14. INFORMANT: Arthur Newell
(Address): 708 W. 49th St.

15. FILED 12/21, 1927 M. M. Brown
Asst REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 20 1927

17. I HEREBY CERTIFY, That I attended deceased from Aug 16, 1927, to Dec 20, 1927, that I last saw h. alive on ..., 19..., and that death occurred, on the date stated above, at 1:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Sarcoma of right testicle - (no history of injury)
Pt noticed in May 1927. (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Metastatic Sarcoma of right chest & abdomen (about 2 months) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Kansas City Mo.
DID AN OPERATION PRECEDE DEATH? Yes. Removal of testicle
DATE OF OPERATION? 1-27-27
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? X ray - Clinical & Lab.
(Signed) Geo. B. Norberg M.D.
12/21, 1927 (Address) 910 Rialto Bldg

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Mt Moriah

DATE OF BURIAL: Dec 22 1927

20. UNDERTAKER: W. H. Newcomer

ADDRESS: Lowe & C 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.

WRITE WITH BLACK INK—THIS IS A PERMANENT RECORD

910 Rialto Bldg.
M.0840
11 30 - 2: 30