

JAN 22 1929

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

Do not use this space.

40057

1. PLACE OF DEATH

County Lavaca
Township Patterson
City MO

Registration District No. 254
Primary Registration District No. 4184

File No.
Registered No. 40
St. Ward)

2. FULL NAME

(a) Residence. No. 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.

Mary Newman

PERSONAL AND STATISTICAL PARTICULARS

2. SEX F 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 Tip Newman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 14 - 1878

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>50</u>	<u>9</u>	<u>17</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work house wife
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Lavaca Co Mo
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Jonas Walker

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

12. MAIDEN NAME OF MOTHER Elizabeth Harmon

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

14. INFORMANT Tip Newman
(Address) Patterson Mo

15. FILED Dec 11, 1928 Dr. Jno. Franer
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 11 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 11, 1928 to Dec 11, 1928, that I last saw h. alive on Dec 11, 1928, and that death occurred, on the date stated above, at 4:45 p.m.

18. THE CAUSE OF DEATH* WAS AS FOLLOWS:
48
Cerebrum of the stem
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 46
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH:
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Microscopic
(Signed) John Franer, M. D.
11, 19 28 (Address) Patterson Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL I.O.O.F. DATE OF BURIAL Dec 11 - 1928

20. UNDERTAKER G. S. Crooner ADDRESS Patterson

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.

