

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

Do not use this space.

40730

1. PLACE OF DEATH

County Jackson Registration District No. 307
Township Kaw Primary Registration District No. _____
City Kansas City (No. Kansas City General Hosp) St. _____ Ward _____

File No. 5125
Registered No. 5125

2. FULL NAME

Ed Newman
(a) Residence. No. 222 1/2 Indep. Ave. 1 Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>June 17 1859</u>		
7. AGE	YEARS <u>70</u>	MONTHS <u>5</u>
	DAYS <u>25</u>	If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work <u>Labourer</u>		
(b) General nature of industry, business, or establishment in which employed (or employer)		
(c) Name of employer		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) December 19 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept 14th 1929 to Dec 12th 1929 that I last saw him alive on Dec 12th 1929 and that death occurred, on the date stated above, at 5:00 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of lip
45A
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 45
(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
(Signed) P. B. Williams M. D.
12-13-29 (Address) Gen Hosp KC Mo

9. BIRTHPLACE (CITY OR TOWN).....
(STATE OR COUNTRY) Ohio

10. NAME OF FATHER Wick Newman

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

12. MAIDEN NAME OF MOTHER Watkinson

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

14. INFORMANT Ronald Clark
(Address) Kansas City, Gen. Hosp

15. FILED 11/13, 29 M. M. Crowe
REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Leeds - DATE OF BURIAL 12-13-29

20. UNDERTAKER O. V. Mast ADDRESS K. 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 PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

237
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8

