

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MAR 25 1930

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

R. G. S.  
Do not use this space.

4563

1. PLACE OF DEATH  
County St. Louis Registration District No. 290  
Township Salera Primary Registration District No. 5408  
City Wiley Jean Neuman (No.           ) St.            Ward           

2. FULL NAME Wiley Jean Neuman  
(a) Residence. No.            St.            Ward             
(Usual place of abode)  
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 14 1927

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>2</u>	<u>10</u>	<u>19</u>	

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wes Sumath, Mo.

10. NAME OF FATHER S. H. Neuman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Sumath, Mo.

12. MAIDEN NAME OF MOTHER Era Dyer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Wes Sumath, Mo.

14. INFORMANT S. H. Neuman  
(Address) Sumath, Mo.

15. FILED 31, 1930. H. H. K. 11/16/30  
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) FEB 5 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1930 to Feb 5, 1930 that I last saw him alive on Feb 1, 1930, and that death occurred, on the date stated above, at 5 P.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:

34 Paralyzed Brain  
82D Birth

(duration) yrs. mos. ds.           

CONTRIBUTORY (SECONDARY) Syphilis Congenital  
(duration) yrs. mos. ds.           

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

8 DID AN OPERATION PRECEDE DEATH DATE OF           

WAS THERE AN AUTOPSY?           

WHAT TEST CONFIRMED DIAGNOSIS           

(Signed) H. H. K., M. D.  
, 19            (Address)

\*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 McGraw Cemetery DATE OF BURIAL Feb 6 1930

20. UNDERTAKER McGraw Funeral Co. ADDRESS Sumath, Mo.

