

JUN 24 1930

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

Do not use this space.

15442

1. PLACE OF DEATH

County Buchanan Registration District No. 86  
Township Washington Primary Registration District No. 5127  
City St. Joseph (No. County, Cass Farm St.          Ward)         

2. FULL NAME

Newton Hadden

(a) Residence. No.          St.          Ward.           
(Usual place of abode)  
Length of residence in city or town where death occurred 4 yrs. 11 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Undeclared

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
82 x x         

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer  
(b) General nature of industry, business, or establishment in which employed (or employer) Do not know  
(c) Name of employer No

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

10. NAME OF FATHER Undeclared

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

12. MAIDEN NAME OF MOTHER Undeclared

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

14. INFORMANT C. A. Moore  
(Address) C. Cass Farm

15. May 27 1930 J. Baustke REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7/23 1930

17. I HEREBY CERTIFY, That I attended deceased from May 12, 1930, to May 23, 1930, that I last saw him alive on May 22, 1930, and that death occurred, on the date stated above, at          m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Arterio Sclerosis  
106 1/2  
97 (duration) 10 yrs. mos. ds.  
CONTRIBUTORY Bronchitis  
(SECONDARY) (duration)          yrs. mos. 01 ds.

18. WHERE WAS DISEASE CONTRACTED 97 1/2  
IF NOT AT PLACE OF DEATH         

DID AN OPERATION PRECEDE DEATH? NO DATE OF         

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Albert C. Holley, M. D.  
May 27 1930 (Address) 822 Edmond St. Joseph Mo

\*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 City Cemetery DATE OF BURIAL 7/27 1930

20. UNDERTAKER J. H. Muegler ADDRESS 216 So 10th

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.

RECORD

