

WHITE PEANUT, 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.

OCT 30 1930

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

Do not use this space.

30503

1. PLACE OF DEATH

County Marion Registration District No. 547  
Township Mason Primary Registration District No. 3029  
City Hannibal (No.         ) Reserving Hospital St.          Ward         

File No.           
Registered No. 242

2. FULL NAME William Earl Newman

(a) Residence. No. 703 Walnut 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 Male 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 Fuey Newman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 25 1907

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>22</u>	<u>9</u>	<u>16</u>	<u>-</u>

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) not known  
(c) Name of employer not known

9. BIRTHPLACE (CITY OR TOWN) Hannibal  
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Charles Newman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) not known  
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Rosa Jeanette France

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) not known  
(STATE OR COUNTRY) Illinois

14. INFORMANT Mrs. Thomas H. Kirby  
(Address) 703 Walnut St. Hannibal, Mo.

15. FILED 9/13 1930          REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 11 1930

17. I HEREBY CERTIFY, That I attended deceased from         , 1930, to         , 1930, that I last saw h.          alive on         , 1930, and that death occurred, on the date stated above, at 4:20 P.M.

1930 THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
VERDICT OF JURY  
by gunshot wound fired by an officer in performance of his duty. We the jury exonerate Mr. [unclear] (duration) yrs. mos. ds.  
CONTRIBUTORY the officer's error in method  
(SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 1907  
IF NOT AT PLACE OF DEATH         

DID AN OPERATION PRECEDE DEATH?          DATE OF           
WAS THERE AN AUTOPSY?         

WHAT TEST CONFIRMED DIAGNOSIS?           
(Signed) James Donnell Crown M. D.  
. 19 Hannibal, Mo. (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 Reverside DATE OF BURIAL Sept 13 1930

20. UNDERTAKER Wm M. Smith ADDRESS 902 Broadway Hannibal, Mo.

