

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

Do not use this space.

39649

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township Paris Primary Registration District No. 002  
 City Walden City (No. 4525 - Walnut St. 7 Ward)

File No. \_\_\_\_\_  
 Registered No. 5272  
 St. \_\_\_\_\_ Ward)

**2. FULL NAME**

Harris-Lurana Ann Newman  
 (a) Residence. No. 4525 Walnut St. 7 Ward. (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 Female  
 4. COLOR OR RACE W  
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 30 - 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
78 1 28

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work At Home  
 (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) Bloomington Illinois

10. NAME OF FATHER Nelson Newman

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

12. MAIDEN NAME OF MOTHER Elegg Hall

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

14. INFORMANT (Address) Mrs P.T. Bohan 4525 Walnut K6 Ma

15. FILED 1/29 1930 M.M. Larson REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12/28 1930

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 1924, to December 28, 1930 that I last saw h. alive on December 28, 1930, and that death occurred, on the date stated above, at \_\_\_\_\_ 7 p. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Dilatation of heart  
95B  
97  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 2 ds.

CONTRIBUTORY (SECONDARY) Generalized arteriosclerosis (duration) 6 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 \_\_\_\_\_

17 (Signed) P.T. Bohan, M. D.  
1/29 1930 (Address) Med Dept Bldg K6 Ma

\*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 Woodward Cemetery DATE OF BURIAL 12-30 1930

20. UNDERTAKER Bohman ADDRESS K6 Ma

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.

