

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Kew
City J.C. Mo. (No. 427 Kensington)

Registration District No. 399
Primary Registration District No. 1002

File No. 12526
Registered No. 1459
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 427 S. Kensington 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 <u>Fe</u>	4. COLOR OR RACE <u>Wh.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Albert Michael</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 18 - 1862</u>		
7. AGE	YEARS <u>70</u>	MONTHS <u>0</u>
	DAYS <u>17</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>none</u>	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Portsmouth, Ohio</u>		
FATHER	13. NAME <u>Hiram Newman</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
MOTHER	15. MAIDEN NAME <u>Mrs. Holt</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo. Reed</u>	
17. INFORMANT (ADDRESS) <u>Bert Michael 427 S. Kensington</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Jackson Mo.</u> DATE <u>4-7-32</u>		
19. UNDERTAKER (ADDRESS) <u>Mrs. C. L. Foster 415 Broadway, av</u>		
20. FILED <u>4-6-32</u> <u>M. M. Brown</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 5 1932

22. I HEREBY CERTIFY, That I attended deceased from April 1st 1932 to April 5th 1932
I last saw him alive on April 5th 1932 Death is said to have occurred on the date stated above, at 6 P. m.
The principal cause of death and related causes of importance were as follows:
Death Bronchial Pneumonia Date of onset 4-3-32

Other contributory causes of importance:
Chronic myocarditis (D) 4-1-32

Name of operation none Date of none
What test confirmed diagnosis? Urinal Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? none Date of injury none, 19____
Where did injury occur? none (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) H. C. C. M. D. M. D.
(Address) 805 E. Elmwood av

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.

RESERVED FOR BINDING

Mr. Condy
805 Elmwood
Ben = 1746.