

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

Do not use this space.

25502  
60

1. PLACE OF DEATH  
 County Buchanan Registration District No. 82  
 Township Highway Primary Registration District No. 927  
 City Joseph (No. County Farm St.          Ward         )

2. FULL NAME Malvin M. New  
 (a) Residence, No.          County Farm 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 Wht 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) May 8 1853

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>79</u>	<u>9</u>	<u>3</u>	<u>6</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.         

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) Mo

MOTHER / FATHER 13. NAME Allen M. New

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do Not Know

15. MAIDEN NAME Elizabeth New

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do Not Know

17. INFORMANT Mr. Will Pickett  
 (ADDRESS) Pickett Rd.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary DATE 8 16 1932

19. UNDERTAKER Stingly - Stanley F. H.  
 (ADDRESS) 315 50th

20. FILED Aug 15 1932 Registrar J. J. Kano

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 14 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1932, to Aug 14, 1932.  
 I last saw him alive on Aug 14, 1932 Death is said

to have occurred on the date stated above, at          m.  
 The principal cause of death and related causes of importance were as follows:

Myocarditis (Chronic) Date of onset         

Other contributory causes of importance:         

Name of operation          Date of           
 What test confirmed diagnosis? Chronic Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?          Date of injury         , 19        

Where did injury occur?          (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.         

Manner of injury           
 Nature of injury         

Was disease or injury in any way related to occupation of deceased?         

If so, specify         

(Signed) J. J. Kano, M. D.  
 (Address) St. Joe Mo

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.

SEP 21 1932

MARGIN RESERVED FOR BINDING

No. 2

