

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

Do not use this space.

1. PLACE OF DEATH

County Pettis
Township Sedalia
City Sedalia (No. 4th + Moniteau)

Registration District No. 668
Primary Registration District No. 3032

File No. 17406
Registered No. 132
St. _____ Ward _____

2. FULL NAME

Carl W Newaner
(a) Residence, No. Sedalia R.P. 6 St. _____ Ward _____

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. (If nonresident, give city or town and State)

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 Sallie Newaner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 13 1861

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, hrs. or min. 72 4 3

8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. Farmer

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) Missouri

13. NAME John Newaner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

15. MAIDEN NAME Christine Bidstrup

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT Mrs Sallie Newaner (ADDRESS) R.P. 6 Sedalia

18. BURIAL, CREMATION, OR REMOVAL PLACE Providence DATE 6/17/33

19. UNDERTAKER McLaughlin Bros (ADDRESS) Sedalia Mo

20. FILED 5-16 1933 J.P. Love Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15 1933

22. I HEREBY CERTIFY, That I attended deceased from May 12 1933 to May 15 1933

I last saw him alive on _____, 19____. Death is said

to have occurred on the date stated above, at 3:30 a.m.

The principal cause of death and related causes of importance were as follows:

Coronary embolism Date of onset

Other contributory causes of importance: Arteriosclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? yes

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 _____

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

If so, specify _____

(Signed) E. S. Newaner, M. D.

(Address) Cowher

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.

MIN 23 1933

