MAR 24 1934

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

Do not use this space.

File No. 4069
Registered No. 236

1. PLACE OF DEATH
County Buchanan — Registration District No. 35
Township — Primary Registration District No. 1001
City St. Joseph, (No. Missouri Methodist Hosp. St. Ward)

2. FULL NAME William J. Newman
(a) Residence, No. 1206 N. 18 th St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 74 yrs. 9 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Mamie F. Newman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 19, 1859

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	74	9	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Book binder
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) 1923
11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) St. Joseph
(STATE OR COUNTRY) Missouri

FATHER
13. NAME William Newman
14. BIRTHPLACE (CITY OR TOWN) Prussia
(STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Nancy Suter
16. BIRTHPLACE (CITY OR TOWN) Switz
(STATE OR COUNTRY) Switzerland

17. INFORMANT Mrs Mamie Newman
(ADDRESS) 1206 N. 18 th. St Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE February 28, 1934

19. UNDERTAKER Heaton-BeGole & Bowman
(ADDRESS) Funeral Home 319 So. 10th.

20. FILED 19 John R Bender
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 26 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 23, 1934, to Feb. 26, 1934
I last saw him alive on Feb. 26, 1934. Death is said to have occurred on the date stated above, at 4:40 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia - lobar	2/23/34
108	
93C	
97	

Other contributory causes of importance:

Arteriosclerosis - general	?
Myocarditis - chr.	?

Name of operation none Date of —
What test confirmed diagnosis? Autopsy 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? No
If so, specify
(Signed) G. T. Bloomer, M. D.
(Address) 1218 N. 32 St.

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.