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.

MAY 2 1934

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

Do not use this space.

File No. 53 12331

Registered No.

1. PLACE OF DEATH
County Cooper — Registration District No. 218
Township Boonville — Primary Registration District No. 3015
City Boonville (No. ..., ..... St. ..... Ward)

2. FULL NAME Rita Marie Newman
(a) Residence, No. St. Joseph Hospital 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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) —
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 10-34
7. AGE YEARS — MONTHS — DAYS 5 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
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) Boonville

FATHER
13. NAME Frank A. Newman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pilot Grove, Mo

MOTHER
15. MAIDEN NAME Roberta E. Felten
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boonville, Mo Cooper Co

17. INFORMANT (ADDRESS) Frank A. Newman Cooper Co
18. BURIAL, CREMATION, OR REMOVAL catholic cemetery
PLACE Boonville, Mo DATE April 15, 1934
19. UNDERTAKER (ADDRESS) Schwetzky-Warnhoff Boonville Mo
20. FILED 4-16, 1934 R W Bozworth Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1934, to April 15, 1934
I last saw her alive on April 14, 1934. Death is said to have occurred on the date stated above, at 2 a.m.
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage (probable)

160 C

Date of onset

Other contributory causes of importance:
The baby was one of a set of Twins, and weighed 5 lb. Mother eclamptic

Name of operation none Date of
What test confirmed diagnosis? — 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

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Hexon Ravenswood, M. D.
(Address) Boonville Mo