

APR 22 1935

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

Do not use this space.

6219

1. PLACE OF DEATH

County NewtonRegistration District No. 609

Township

Primary Registration District No. 4363City Neosho

St. _____ Ward) _____

2. FULL NAME May L. Newell

(a) Residence, No. _____ 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

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

single

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

single

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

Nov 22, 1902

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

3231

OCCUPATION

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

Telegraph operator

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

13. NAME

J. S. Newell

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

Mo

15. MAIDEN NAME

Elizabeth Newell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Mo

17. INFORMANT

J. S. Newell

18. BURIAL, CREMATION, OR REMOVAL

PLACE Goodman DATE 2/25, 1935

19. UNDERTAKER

(ADDRESS) Chas. W. Williams

20. FILED

3-111935Dr. E. M. Roseberry

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____ 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:

fractured skull Date of onsetInternal injuries from automobile accident

Other contributory causes of importance:

Name of operation _____ Date of _____

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide. Accident Date of injury 2/23/35Where did injury occur? near Neosho (Specify city or town, county, and State)

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

Manner of injury Auto accident

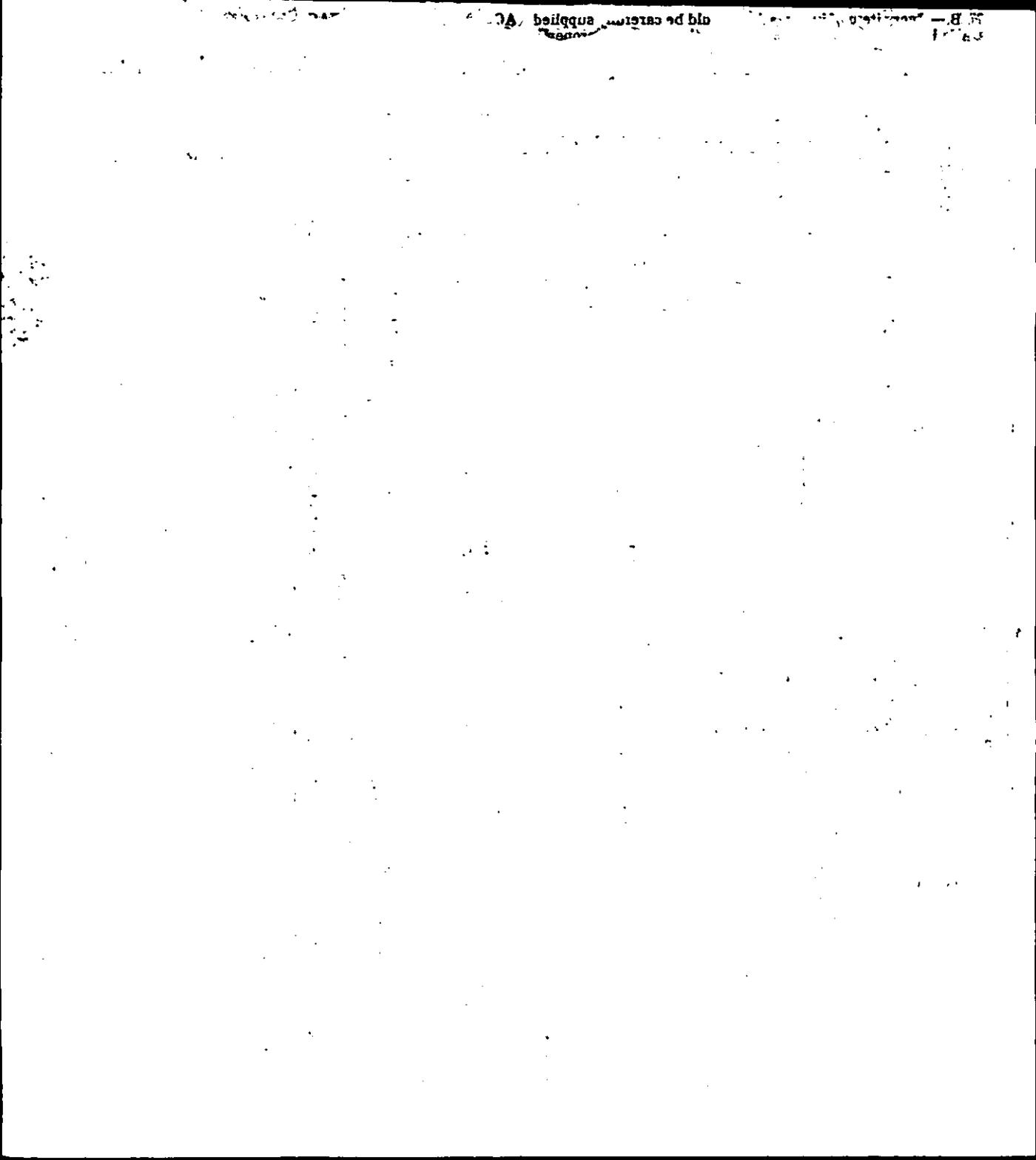
Nature of injury _____

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

If so, specify Auto accident(Signed) Chas. W. Williams(Address) Neosho 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.



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CERTIFICATE OF DEATH**

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1. PLACE OF DEATH

County Newton
Township.....
City..... (No.) St. Ward.....

Registration District No. 609
Primary Registration District No. 4363-

File No. 6219-
Registered No.

2. FULL NAME

May L. Newell

(a) Residence, No. St. Ward.....
(Usual place of abode)
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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED single (Write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 22 - 1902

7. AGE YEARS 32 MONTHS 3 DAYS 1 IF LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Telegraph operator
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) Ind. Mo.

FATHER 13. NAME J. L. Newell

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

MOTHER 15. MAIDEN NAME Elizabeth Newell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT J. L. Newell (ADDRESS) Goodman, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Goodman DATE 2/25 1935

19. UNDERTAKER Charles H. Williams (ADDRESS) Goodman, Mo.

20. FILED 3-11 1935 H. E. M. Rouberry Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
I last saw him alive on 19..... 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:

None. Skull - external injuries from auto accident based on collision with - deceased driver
Other contributory causes of importance: one of ears
Date of onset

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 2/23, 1935
Where did injury occur? near Reosha, New Newton, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. on Reosha way #71 - 5 m So of Reosha
Manner of injury Auto accident
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Ashley Pighorn Coroner, M.D.
(Address) Newton, Mo.

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.

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