

APR 8 1937

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

Do not use this space.

9650

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. 9650  
Township Can Primary Registration District No. 1002 Registered No. 13517  
City Kennett (No. 3001) Brooklyn Ave St. 13517 Ward

2. FULL NAME

Theodore Lel Newman  
(a) Residence, No. 3001 Brooklyn Ave St. 13517 Ward. (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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 18 1937

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

22. I HEREBY CERTIFY, That I attended deceased from March 14, 1937, to March 18, 1937  
Last saw him alive on March 18, 1937. Death is said to have occurred on the date stated above, at 1:05 P.M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 30 1866

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 71 5 18

Cerebral hemorrhage Date of onset 18/18/37

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

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) July 14 1936 11. Total time (years) spent in this occupation

Other contributory causes of importance:  
Arterio sclerosis  
arterial hypertension  
Cardio-renal disease

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Edgerton Mo

Name of operation None Date of None  
What test confirmed diagnosis Clinical examination Was there an autopsy? No

13. NAME David Newman

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

15. MAIDEN NAME Margaret Dalton

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

17. INFORMANT Metal T Newman (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Kennett Mo DATE 3-20 1937

19. UNDERTAKER R. J. Gaggart (ADDRESS) 117 1/2 N. 1st St

20. FILED Mar 19 1937 M. M. Brown Registrar

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) James E. Stowers M. D.  
(Address) Kennett City, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

