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.

DR. BRUCE

REC'D MAR 15 1938

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

Do not use this space.

1. PLACE OF DEATH
26 County Cole — Registration District No. 213 — File No. 6510
3 Township — Primary Registration District No. 3014 — Registered No. 49
5 City Jefferson City (No. Saint Mary's Hospital St. Ward)

2. FULL NAME John Newenhaus 52.0
(a) Residence, No. 206 Jefferson 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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unknown
7. AGE: About — YEARS: 58 — MONTHS: — DAYS: — If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer.
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): Kansas

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): St. Mary's Hospital (Records) Jefferson City, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Peter cem. DATE Feb. 7, 38
19. UNDERTAKER (ADDRESS): Heinrichs Funeral Home Jefferson City, Mo.
20. FILED 2/5/ 1938 [signature] M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 3, 1938
22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1938, to Feb 3, 1938
I last saw him alive on Feb 2, 1938 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:
Decompensated Heart
Hypertension Heart Disease
Nephritis chronic
Date of onset
Other contributory causes of importance:
Cardiac Asthma
Arteriosclerosis
Name of operation ... Date of ...
What test confirmed diagnosis? Stethoscope Was there an autopsy? No
Sphygmomanometer
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) J. G. Bruce M. D.
(Address) Jefferson City Mo.