

MISSOURI JAN 5 1938

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

Do not use this space.

44170

1. PLACE OF DEATH

County Platt
Township Marshall
City Marshall

Registration District No. 6550
Primary Registration District No. 5451

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

George Albert Newman

(a) Residence, No. R.R. Buckhills, 700 St. Ward _____

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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mollie Newman</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1853 June 13</u>		
7. AGE	YEARS <u>85</u>	MONTHS <u>6</u>
	DAYS <u>-</u>	IF LESS than 1 day,hrs. ormin.

OCCUPATION

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

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) St. Joseph, Missouri

FATHER

13. NAME William Newman

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

MOTHER

15. MAIDEN NAME Don't know

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

17. INFORMANT (ADDRESS) Mr. Guy Rose, Bushville, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Proy, Kan. DATE 12-15-1938

19. UNDERTAKER (ADDRESS) Garvin & Douglas, Atchison, Kansas

20. FILED 12-14-1938 L. D. Singler, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-13-1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 3, 1938, to Dec 17, 1938

I last saw h. live alive on Dec 10, 1938 Death is said to have occurred on the date stated above, at 6:45 AM.

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

Date of onset Dec 1, 1938

Other contributory causes of importance:
Hypertension
After seizure

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) L. C. Morrison, M. D.
(Address) Atchison, Kansas

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.

