

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

Do not use this space.

10253

1. PLACE OF DEATH

County Randolph
Township Moberly
City Moberly

Registration District No. 735
Primary Registration District No. 3034
200 So 4th St

File No. _____
Registered No. 71
St. 3rd Ward)

2. FULL NAME

Mrs Katz Newman
(a) Residence No. 200 So 4th St. 3rd 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 17-1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 | 20 | 90

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at Home
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Stanardsburg
(STATE OR COUNTRY) Ky.

10. NAME OF FATHER Joseph Tinkler

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Va
(STATE OR COUNTRY) Va

12. MAIDEN NAME OF MOTHER Brown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Va
(STATE OR COUNTRY) Va

14. INFORMANT Arthur Newman
(Address) Columbia Mo.

15. FILED 3/29/28 J S Fleming
REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 28th 1928

17. I HEREBY CERTIFY, That I attended deceased _____, 19____, to _____, 19____, that I last saw him/her alive on _____, 19____, and that death occurred, on the date stated above, at _____.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Millary tuberculosis

CONTRIBUTORY (SECONDARY) 3rd
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

9 WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) M. H. Hensley M. D.
3-24-1928 (Address) Moberly Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Columbia Center DATE OF BURIAL Mar 30 1928

20. UNDERTAKER Wm M. Hays ADDRESS Columbia

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.

1928

