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.

JUN 24 1931

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

Do not use this space.

17374

1. PLACE OF DEATH
County Cass — Registration District No. 159 — File No.
Township Polk — Primary Registration District No. 5224 — Registered No. 6
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Mary Belle Newman
(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 3 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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 Andrew David Newman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 7 - 1859

7. AGE: YEARS 71 — MONTHS 7 — DAYS 21 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Maker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1
10. Date deceased last worked at this occupation (month and year) 12 — 1925
11. Total time (years) spent in this occupation always

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana 2

FATHER
13. NAME Andrew Jackson Candell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
15. MAIDEN NAME Mary Jane Bannon
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) C. E. Newman R. 2 - Pleasant Hill, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Wells Cemetery DATE 5/30 1931

19. UNDERTAKER (ADDRESS) Rumenburger Bros & Co Harrisonville Mo

20. FILED 6/5 1931 W Beckman Registrar.

W Beckman

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28, 1931

22. I HEREBY CERTIFY, That I attended deceased from 4-6, 1931, to 5-28, 1931
I last saw her alive on 5-27, 1931. Death is said to have occurred on the date stated above, at 5:30 a.m.
The principal cause of death and related causes of importance were as follows:
Exophthalmic goiter — Date of onset about 5 yrs ago
66 B
Other contributory causes of importance:
Chronic Myocarditis

Name of operation — 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?
If so, specify
(Signed) W Beckman, M. D.
(Address) Strasburg Mo