

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

Do not use this space.

18717

1. PLACE OF DEATH

County Montrou Registration District No. 5-75
 Township Willow Fork Primary Registration District No. 5771 3779
 City Highway #50, 1 mile East of Tipton Mo (No. Highway #50, 1 mile East of Tipton Mo Ward)

File No. _____
 Registered No. _____

2. FULL NAME

Roy M Newman
 (a) Residence, No. Hedalia Mo St. 4 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 W
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louise Newman
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 4-1892
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
39 1 24
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Traveling Salesman
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ice Storage
 10. Date deceased last worked at this occupation (month and year) May 27, 1930 11. Total time (years) spent in this occupation 20

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28, 1931
 22. I HEREBY CERTIFY, That I attended deceased from May 28, 1931, to _____, 19____.
 I last saw him alive on May 28, 1931 Death is said to have occurred on the date stated above, at 11 m. PM
 The principal cause of death and related causes of importance were as follows:

Concussion in Brain and marked laceration of crushed left testis
 Date of onset _____
 Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo
 13. NAME Morris Newman
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England
 15. MAIDEN NAME _____
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England
 17. INFORMANT (ADDRESS) Mrs Mary Love Hedalia Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE St Louis Mo DATE 5/1 1931

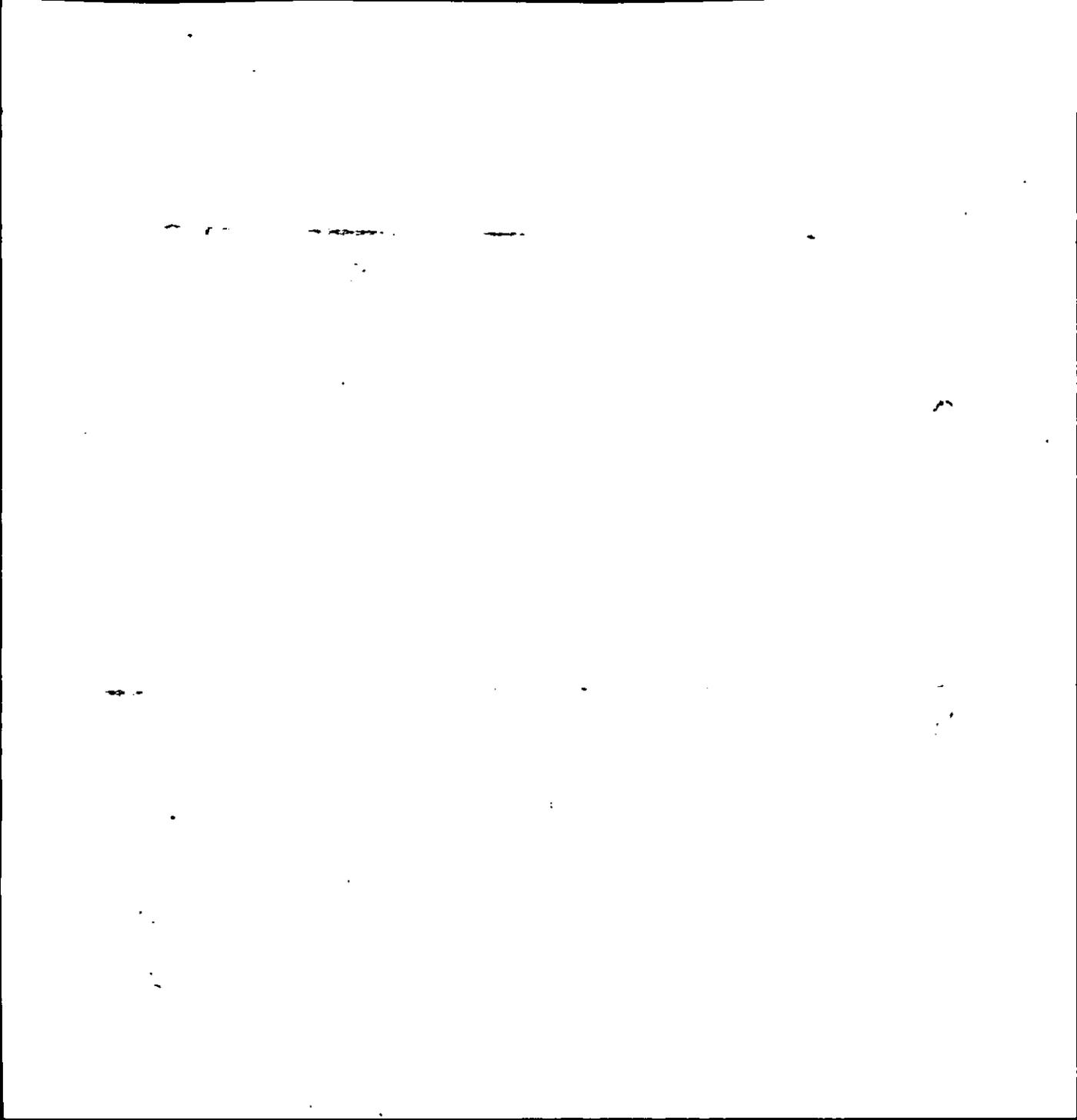
Name of operation _____ Date of _____
 What test confirmed diagnosis? Physic Was there an autopsy? No

23. If death was due to external causes (stealing), fill in also the following:
 Accident, suicide, or homicide Accident Date of injury May 28, 1931
 Where did injury occur? Highway 50 near Tipton Mo (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. Highway
 Manner of injury auto mobile accident
 Nature of injury Concussion + laceration of

19. UNDERTAKER (ADDRESS) Mrs Laughlin Bros Hedalia Mo
 20. FILED 28 1931 Mrs Mary Love Registrar.

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) D. L. R. (unclear) M. D.
 (Address) Tipton Mo

1931



**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Moniteau
Township Willow Fork
City Highway #50 1 mile E of Linton, Mo

Registration District No. 575
Primary Registration District No. 5271 B

File No. 18717
Registered No. _____

2. FULL NAME Roy M. Newman

(a) Residence, No. Adelalia, Mo St. _____ Ward. _____
(Usual place of abode)

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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED M

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

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

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

I last saw h_____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

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

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

Concussion, Brain and fractured thorax crushed left chest

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

Collision with motor vehicle (Truck)

13. NAME

His car & truck: Head on collision

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

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

15. MAIDEN NAME

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide Accident Date of injury May 28, 1931

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

Where did injury occur? Highway 50 near Linton, Mo
(Specify city or town, county, and state)
Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS)

Highway
Manner of injury Automobile acct
Nature of injury Concussion & injured thorax

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE _____ 19____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

19. UNDERTAKER (ADDRESS)

(Signed) _____, M. D.
(Address) _____

20. FILED May 28 1931 Mr. Sarah Faye Registrar

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

S-18717