

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.

SEP 22 1932

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

Do not use this space:  
7 June  
25908  
Registered No. 544  
File No.  
St. Ward

1. PLACE OF DEATH  
 County Springfield Registration District No. 348  
 Township 1st Federal Hospital Site Precinct Registration District No. 5440  
 City (No. 2257) Federal Hospital Site St. Ward

2. FULL NAME Miss Neuman  
 (a) Residence, No. 2257 7th Ramsey 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

SEX Male COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 9 1885

7. AGE YEARS 47 MONTHS 5 DAYS 23 IF LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as engineer, sawyer, bookkeeper, etc. Printer

9. Industry or business in which work was done, as mill, saw mill, bank, etc. Construction

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. Louis Mo

13. NAME M Neuman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Germany

15. MOTHER'S NAME Elizabeth

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

17. INFORMANT (ADDRESS) Miss Neuman, Industrial Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Crematorium DATE 8/4 31 1932

19. UNDERTAKER (ADDRESS) Samuel Spivey Springfield, Mo.

20. FILED 873 1932 Ralph W. Langston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 2 1932

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....  
 I last saw him/her alive on Aug 3 1932. 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:  
Crushing injury of chest + fracture of skull, caught in ceiling of sewer ditch. No physician in attendance  
 Other contributory causes of importance:  
1860 / 80 117

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? Accident Date of injury Aug 2, 1932  
 Where did injury occur? Green County, Mo.  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. Industrial  
 Manner of injury Came thru in at new federal saw of  
 Nature of injury Crush chest hospital city

24. Was disease or injury in any way related to occupation of deceased? Yes  
 If so, specify Foreman of ditch gang  
 (Signed) Samuel C. Stone, Crown, M. D.  
 (Address) Springfield, Mo.

