

FEB 23 1933

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

Do not use this space.

1. PLACE OF DEATH  
County Buchanan Registration District No. 85  
Township St. Joseph Primary Registration District No. 1001  
City St. Joseph (No. Missouri Methodist Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Baby Newman  
(a) Residence, No. 1020 Dewey Ave 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)

374

File No. \_\_\_\_\_

Registered No. 130

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 28, 1933

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
0 0 1

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant  
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) St. Joseph  
(STATE OR COUNTRY) Missouri

FATHER  
13. NAME John Newman  
14. BIRTHPLACE (CITY OR TOWN) Albany  
(STATE OR COUNTRY) Missouri

MOTHER  
15. MAIDEN NAME Winoka Stout  
16. BIRTHPLACE (CITY OR TOWN) Lock Springs  
(STATE OR COUNTRY) Missouri

17. INFORMANT John Newman  
(ADDRESS) 1020 Dewey

18. BURIAL, CREMATION, OR REMOVAL  
PLACE I.O.O.F. Cem. DATE Jan 31 1933

19. UNDERTAKER Fred D. Clark  
(ADDRESS) 5025 King Hill Ave.

20. FILED Jan 30 1933 John R. Bender  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 28, 1933, to Jan 29, 1933  
I last saw h. e. r. alive on Jan 29, 1933. Death is said to have occurred on the date stated above, at 12:15 AM Night  
The principal cause of death and related causes of importance were as follows:  
Date of onset \_\_\_\_\_

Breach Delivery?  
160B  
109  
160B

Other contributory causes of importance:  
Hyperstatis Pneumonia 1 Day  
Lobar

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

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? Yes  
If so, specify Crown W. Stearns  
(Signed) \_\_\_\_\_, M. D.  
(Address) 204 P. S. Bldg.

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.

RECORD RESERVED FOR BIRTHING

100-1000

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