

3500 SEP 19 1938

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

Do not use this space.

28554

1. PLACE OF DEATH

County Cape Girardeau
Township Hubber
City (No.) (State) (Ward)

Registration District No. 126
Primary Registration District No. 5174B

File No. 11
Registered No.

2. FULL NAME

Walter William Neumann

550

(a) Residence, No. 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 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 Frieda Sandvoss

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 2 1905

7. AGE YEARS 33 MONTHS 1 DAYS 4 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) (STATE OR COUNTRY) Gordonville Mo.

13. NAME William Neumann

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

15. MAIDEN NAME Bertha Birt

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

17. INFORMANT (ADDRESS) Mr. Walter Neumann Gordonville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Gordonville Mo. DATE Aug 8 1938

19. UNDERTAKER (ADDRESS) M. Lamburn & Sons Co. Jackson Mo.

20. FILED Aug 9 38 Mrs. W. Ford Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 6 1938

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

I last saw him alive on, 19..... 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:

As the jury find that the deceased Walter Neumann came to his death by accident due to a wreck on the Highway 25 between a truck and a car driven by Walter Neumann and J. J. ...

Other contributory causes of importance: Operated by Kristen Bess Birk and driven by Lucy Luickschill

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury Aug 6 1938

Where did injury occur? On Highway 25 near intersection of Gordonville Road in Cape Co.

Manner of injury Truck crushed auto

Nature of injury Other Body Injury

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

(Signed) E. T. Trukey, Surgeon
(Address) H. S. P. ... St. Cape Gir.

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.

