

STATE OF NEBRASKA

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DATE OF ISSUANCE  
**JUN 19 2012**

LINCOLN, NEBRASKA

*Stanley S. Cooper*  
 STANLEY S. COOPER  
 ASSISTANT STATE REGISTRAR  
 DEPARTMENT OF HEALTH AND  
 HUMAN SERVICES

Form 243

STATE OF NEBRASKA

Department of Health—Division of Vital Statistics

CERTIFICATE OF DEATH

Do not write in this space

**E 8539**

1. PLACE OF DEATH

County **Douglas**

Township \_\_\_\_\_

City **Omaha** No. \_\_\_\_\_ Street **Methodist Hospital**

If death occurred in a hospital or institution give its NAME instead of street and number.

Length of residence in city or town where death occurred \_\_\_\_\_ yr. \_\_\_\_\_ mo. \_\_\_\_\_ da. How long in U. S. if of foreign birth **55** yr. \_\_\_\_\_ mo. \_\_\_\_\_ da.

2. FULL NAME **Morritz Newman**

Residence **4859 Cuming St.**

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX **Male** 4. COLOR or RACE **white** 5. SINGLE (write the word) **Married**  
 Married  
 Widowed  
 Divorced

21. DATE OF DEATH **8/31**, 19**34**

22. I HEREBY CERTIFY, That I attended deceased from **8/23**, 19**34**, to **8/31**, 19**34**

I last saw him alive on **8/31**, 19**34**, death is said to have occurred on the date stated above, at **1 A** M. The principal cause of death and related causes of importance in order of onset were as follows:

5a. If married, widowed or divorced HUSBAND of **Sadie Newman** or WIFE of

6. DATE OF BIRTH (mo.) **July 25**, 14 (year) **1861**

7. Age Years **73** Months **1** Days **17** If less than 1 day Hrs. \_\_\_\_\_ or Min. \_\_\_\_\_

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

	Date of Onset
<i>Arterio-sclerosis</i>	<i>several years</i>
<i>Hypertension</i>	<i>"</i>
<i>Cerebral hemorrhage</i>	<b>8/23/34</b>

Contributory causes of importance not related to principal cause:  
*Prostate hypertrophy (operated 2 years ago)*

12. Birthplace City or Town \_\_\_\_\_ and State or Country **Hungary**

13. Name of Father **Israel Newman**

14. Birthplace of Father City or Town **Hungary** and State or Country \_\_\_\_\_

15. Maiden name of Mother **Allie Newman**

16. Birthplace of Mother City or Town **Hungary** and State or Country \_\_\_\_\_

17. INFORMANT (Address) **Sadie Newman 4859 Cuming St.**

18. BURIAL, CREMATION, or REMOVAL Place **Pleasant Hill** Date **Aug 31**, 19**34**

19. UNDERTAKER **Leslie O. Moore** (Address) **Omaha, Nebraska.**

20. Filed **8/31/34** *John D. Thompson* Registrar.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? *Final autopsy* 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? **no**

If so, specify \_\_\_\_\_ (Signed) *M. Prodyinsky* M. D. (Address) **902 Medical Bldg Omaha Neb**