

231280

# STATE OF DELAWARE BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

1 PLACE OF DEATH  
County New Castle

Registered No. \_\_\_\_\_

Hundred \_\_\_\_\_  
or Village \_\_\_\_\_  
or \_\_\_\_\_  
City Wilmington No. 920 West Fourth St. 10th Ward.

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

2 FULL NAME John A. Newell

7.50  
50

### PERSONAL AND STATISTICAL PARTICULARS

### MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed  
(Write the word)  
6 DATE OF BIRTH Jan. 12, 1866  
(Month) (Day) (Year)  
7 AGE 53 yrs. 11 mos. 11 ds.  
If less than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

16 DATE OF DEATH Jan 23, 1919  
(Month) (Day) (Year)  
17 I HEREBY CERTIFY, That I attended deceased from Jan 22, 1919, to Jan 23, 1919,  
(Month) (Day) (Year) (Month) (Day) (Year)  
that I last saw him alive on Jan 23, 1919,  
and that death occurred, on the date stated above, at 2:30 P.M. A. M.

8 OCCUPATION (a) Trade, profession, or particular kind of work Contractor & Builder  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

The CAUSE OF DEATH \* was as follows:  
Diabetes Mellitus

9 BIRTHPLACE (State or country) Delaware  
10 NAME OF FATHER Michael Newell  
11 BIRTHPLACE OF FATHER (State or country) Ireland  
12 MAIDEN NAME OF MOTHER Annie Curran  
13 BIRTHPLACE OF MOTHER (State or country) Ireland

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
Contributory Apoplexy  
Secondary \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 2 ds.  
(Signed) Chas. J. Berlin M. D.  
Jan 25, 1919 (Address) 841 Hudson St.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Mary Newell  
(Address) 920 West Fourth St.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)  
At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
Where was disease contracted, If not at place of death? \_\_\_\_\_  
Former or usual residence \_\_\_\_\_

15 Filed \_\_\_\_\_, 19\_\_\_\_ LOCAL SUB-REGISTRAR  
Filed \_\_\_\_\_, 19\_\_\_\_ LOCAL REGISTRAR

19 PLACE OF BURIAL OR REMOVAL Cathedral Cemetery DATE OF BURIAL Jan 27, 1919  
20 UNDERTAKER James J. Doherty ADDRESS 906 W. 4th St.