

MAR 28 1931

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

Do not use this space.

W. Collins
6518

1. PLACE OF DEATH
 78 County Peru Registration District No. 651
 Township Little Prairie Primary Registration District No. 0-862
 City Peru (No. _____) St. _____ Ward _____

2. FULL NAME Robert Lee Newsom
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 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 male 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) 8-15-1930
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
0 5 16 75

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓
 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) Caruthersville Mo

13. NAME R. L. Newsom

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Caruthersville Mo

15. MAIDEN NAME Clair's Chalton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Caruthersville Mo

17. INFORMANT R. L. Newsom (ADDRESS) Caruthersville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Cemetery DATE 2-1-31

19. UNDERTAKER (ADDRESS) W. S. ... Caruthersville Mo

20. FILED March 9, 1931 Ada Martin Registrar.

MEDICAL CERTIFICATE OF DEATH

1
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-1-1931
 22. I HEREBY CERTIFY, That I attended deceased from 1-26-31, 1931, to 2-1-31, 1931
 I last saw him alive on 2-1-31, 1931. Death is said to have occurred on the date stated above, at 5 A. m.
 The principal cause of death and related causes of importance were as follows:

1077
Brushing Pneumonia
 Other contributory causes of importance:
1077 a

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 _____, 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? _____
 If so, specify _____
 (Signed) Sharon Hullett, M. D.
 (Address) Caruthersville Mo

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.

