

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

Do not use this space.

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City St. Louis Mo. (No. En route, City Hospital # 2 St. .... Ward)

**30799**

File No. ....  
 Registered No. **8508**

**2. FULL NAME** Walter Newson Jr.

(a) Residence, No. 3003 Clark Jr. St. 18 Ward.

(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 Col. 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) May 15, 1926

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
6 4 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy

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) Missouri

13. NAME Walter Newson Sr.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ala.

15. MAIDEN NAME Drene Girard

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi

17. INFORMANT Drene Newson  
 (ADDRESS) 3003 A Clark Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood DATE Sept 29, 1932

19. UNDERTAKER R. O. Atkins  
 (ADDRESS) 3317 Morgan St.

20. FILED SEP 22 1932 Registrar W. J. Foster

No Physician in Attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 17, 1932

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

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 11:15 a.m.

The principal cause of death and related causes of importance were as follows:

Shock & Injuries (Internal - Internal Hemorrhage), received when run over by Street Truck on West 18th Ave, near Clark Av. 2nd City  
 Other contributory causes of importance: (Deceased was a Pedestrian)

Date of onset  
2:10 PM  
1038 1/10

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? Accident Date of injury Sept 17, 1932

Where did injury occur? St. Louis Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place  
 Manner of injury Run over by Truck  
 Nature of injury Internal Hemorrhage

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

(Signed) [Signature] M.D.  
 (Address) [Address]

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.

