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.

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

Do not use this space.

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FEB 18 1936

1. PLACE OF DEATH

County Callaway — Registration District No. 104 — File No.

Township — Primary Registration District No. 3008 — Registered No. 12

City Fulton (No. , St. Ward)

2. FULL NAME Joe Newsome

(a) Residence, No. Fulton, Missouri St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred All his life 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: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: D. K.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): D. K.

7. AGE — YEARS: 70? — MONTHS: — DAYS: — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
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): Callaway County

FATHER

13. NAME: D. K.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): D. K.

MOTHER

15. MAIDEN NAME: D. K.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): D. K.

17. INFORMANT (ADDRESS): Hospital Records

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Fulton, Mo — DATE: Jan 15-36

19. UNDERTAKER (ADDRESS): Eli Bell, Fulton, Mo

20. FILED: Jan 14 1936 — R. N. Creus, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 12, 1935, to Jan. 13, 1936

I last saw him alive on Jan. 12, 1936 Death is said to have occurred on the date stated above, at 8:25 A. M.

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

	Date of onset
Generalized Arteriosclerosis	D. K.

Other contributory causes of importance:

Myocardial Degeneration (Chronic)	D. K.

Name of operation — Date of

What test confirmed diagnosis? — 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?

If so, specify

(Signed) T. A. Hopkins, M. D., M. D.

(Address) Fulton, Missouri