

APR 1937

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

Do not use this space.

10108

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City (No. **City Hospital # 21003**)

File No.
Registered No. **2672**
St. Ward)

2. FULL NAME

Robert D. Newsome

(a) Residence, No. **4375 W Bell St.** **11** 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

MEDICAL CERTIFICATE OF DEATH

3. SEX **Male** 4. COLOR OR RACE **Col** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **married**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 6, 1937**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF OR WIFE OF **Lillian A Newsome**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 1, 1900**

First saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at **5:50** a.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
37 34 11 5

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Carpenter**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Labor**
10. Date deceased last worked at this occupation (month and year)
11. Total time (years, spent in this occupation. **180**

Date of onset

Second Degree Burns of Head, Face, Neck, Chest, occurred when he jumped from 3d story window at residence.
Other contributory causes of importance: **while attempting to escape from fire (burning belly)**
Accident

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Fulton Mo**

13. NAME **Joseph Newsome**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Jefferson City**

15. MAIDEN NAME **Martha Johnson**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Jefferson City**

17. INFORMANT (ADDRESS) **Lillian A Newsome**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Fulton Mo** DATE **3-10** 19**37**

19. UNDERTAKER (ADDRESS) **WATSON and Son**
2769 Chestnut

20. FILED **J. P. Braddock** Registrar.

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? **Accident** Date of injury **2/24, 1937**

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. **In Home**

Manner of injury **Burning Belly**
Nature of injury **Second Degree Burns**

24. Was disease or injury in any way related to occupation of deceased? **No**
If so, specify.....

(Signed) **Alfred Perry** M.D.
(Address) **Deputy Coroner**

MAR 8 1937

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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