

MARGIN RESERVED FOR BINDING

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

PLACE OF DEATH
County Callaway
Township Calderfell or Village X or City _____ (NO. _____ St. _____ Ward _____)
Registration District No. 109 File No. 4392
Primary Registration District No. 5-139 Registered No. 7

FULL NAME David Newsome

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

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Married</u>	DATE OF DEATH <u>February 23, 1912</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>January 1st, 1838</u> (Month) (Day) (Year)		I HEREBY CERTIFY, that I attended deceased from <u>Feb 16, 1912, to Feb 23, 1912,</u> that I last saw him alive on <u>Feb 22, 1912,</u> and that death occurred, on the date stated above, at <u>5¹⁰ P. m.</u> The CAUSE OF DEATH* was as follows: <u>Chronic Gastric Catarrh</u> <u>137</u> <u>1180</u> <u>10</u> about <u>2</u> yrs. _____ mos. _____ ds.		
AGE <u>79</u> yrs. <u>1</u> mos. <u>22</u> ds.	OCCUPATION (a) Trade, profession, or particular kind of work <u>Farmer, retired</u> <u>assisting wife with housework</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Living on farm property</u>		Contributory <u>Prostatic Enlargement</u> (Secondary) <u>For the past 9 10 yrs.</u> (Duration) _____ yrs. _____ mos. _____ ds.	
BIRTHPLACE (City or town, State or foreign country) <u>Callaway Co Mo</u>		(Signed) <u>C. H. Christian</u> M. D. <u>Feb 24, 1912</u> (Address) <u>New Bloomfield</u>		
PARENTS	NAME OF FATHER <u>Robert Newsome</u>	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.		
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Greenbrier Co W. Va</u>	LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.		
	MAIDEN NAME OF MOTHER <u>Elizabeth Curran</u>	Where was disease contracted If not at place of death? _____		
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Greenbrier Co W. Va</u>	Former or usual residence _____		
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Robert Newsome</u>				
(ADDRESS) <u>New Bloomfield</u>				
Filed <u>Feb 24, 1912</u>		REGISTRAR <u>Christian</u>		PLACE OF BURIAL OR REMOVAL <u>Family Cem.</u>
				DATE OF BURIAL <u>Feb 25, 1912</u>
		UNDERTAKER <u>Hernon & Dutton</u>		ADDRESS <u>Fulton Mo</u>

APR 24 1956