

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.

22049

File No. \_\_\_\_\_  
Registered No. 6216  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 1. PLACE OF DEATH

County \_\_\_\_\_

Township \_\_\_\_\_

City St. Louis Mo.Registration District No. 781Primary Registration District No. 1003(No. Barnes Hospital.)2. FULL NAME John Henry Newsom(a) Residence. No. 4380 Laeade Ave. St. 19 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)

married

## 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Mamie Smith.6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec, 15, 1882

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

45

5

24

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Auto tire

(b) General nature of industry, business, or establishment in which employed (or employer)

Merchant

(c) Name of employer

## 9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Tenn

## PARENTS

10. NAME OF FATHER Andy Jefferson Newsom

## 11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Tenn.12. MAIDEN NAME OF MOTHER Mary Powell

## 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Tenn.

## 14.

INFORMANT  
(Address)Roy Newsom  
4380 Laeade Ave

## 15.

FILED

NOV 10 1928May Esterberg

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-8 1928

## 17.

I HEREBY CERTIFY, That I attended deceased from 6-1, 1928, to 6-8, 1928, and that I last saw h.m. alive on 6-8, 1928, and that death occurred, on the date stated above, at 1.25 am

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Post-operative illness  
Appendicitis - chronic

CONTRIBUTORY  
(SECONDARY)

## 18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH...

DID AN OPERATION PRECEDE DEATH? yes DATE OF 6-2-28WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. H. Henderson M. D., 19 (Address) Barnes Hosp

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

## 19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Memorial Park

## DATE OF BURIAL

June, 11-28

## 20. UNDERTAKER

MayerADDRESS  
Lindell

