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.

NOV 10 1933

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

Do not use this space.

1. PLACE OF DEATH

51 County Johnson — Registration District No. 437 — File No. 33-17

Township Rose Hill — Primary Registration District No. 5594 — Registered No.

City Blairstown (No. , St. Ward)

2. FULL NAME Don Rogers Newman

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

Length of residence in city or town where death occurred I yrs. II mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male Males

4. COLOR OR RACE white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov IIth 1931

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
I	II	10	

OCCUPATION

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

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) Blairstown Mo

FATHER

13. NAME P.D.Newman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blairstown Mo

MOTHER

15. MAIDEN NAME Bessie Higgins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known Mo

17. INFORMANT (ADDRESS) P.D.Newman Blairstown Mo

18. BURIAL, CREMATION, OR REMOVAL Blairstown Mo

PLACE Blairstown DATE Oct 22-33, 19

19. UNDERTAKER (ADDRESS) Sweeney-Cook Chilhowee Mo

20. FILED Oct 23, 1933 J T Sheffer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 21, 1933, to Oct 21, 1933

I last saw him alive on Oct 21, 1933 Death is said to have occurred on the date stated above, at 1:30 p.m.

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

Whooping Cough — Date of onset Oct 7

9

109A

Other contributory causes of importance:

Pneumonia

Name of operation None 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) [signature], M. D.

(Address) Blair Stown Mo

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County: Johnson
Township: Rose Hill
City: ..... (No. ..... St. ..... Ward)

Registration District No. 437
Primary Registration District No. 5594

File No. 33517
Registered No. .....

2. FULL NAME: Don Rogers Newman

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

Length of residence in city or town where death occurred 1 yrs. 11 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
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): Nov. 11, 1931

7. AGE: Years 1 | Months 11 | Days 10 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none
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): Blairstown, Mo.

FATHER
13. NAME: P. D. Newman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Blairstown, Mo.

MOTHER
15. MAIDEN NAME: Bessie Higgins
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not Known

17. INFORMANT (ADDRESS): P. D. Newman

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Blairstown, Mo. DATE: Oct. 22, 1933

19. UNDERTAKER (ADDRESS): Sweeney-Cosk Chilhowee, Mo.

20. FILED: Oct 23, 1933 Anna Coleman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 21, 1933, to Oct. 21, 1933
I last saw h. alive on Oct. 21, 1933. Death is said to have occurred on the date stated above, at 1:30 P. M.
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	Date of onset
Whooping Cough	

Other contributory causes of importance:
Pneumonia

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) Dr. Ira Carney, M. D.
(Address) Blairstown, Mo.

SUPPLEMENTARY

S-33517