

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

Do not use this space.

DEC 3 1936

43136

**1. PLACE OF DEATH**

City St. Louis (No. 3507 Market St.)  
 County ..... Registration District No. 791  
 Township ..... Primary Registration District No. 1003  
 Ward 18

File No. ....  
 Registered No. 11712  
 St. .... Ward)

**2. FULL NAME**

Bessie I. Newton

(a) Residence, No. 3507 Market St., 18 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 Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm H. Newton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7 - 22 - 1908

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
38 4 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home  
 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) Miss.

FATHER 13. NAME Henry L. Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ala.

MOTHER 15. MAIDEN NAME Katie E. Burns

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ala.

17. INFORMANT Wm Newton  
 (ADDRESS) 3507 Market

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE 11/28 '36

19. UNDERTAKER A. Russell Undertaking Co.  
 (ADDRESS) 2732 Pine St

20. NOV 27 1936 J. Bredeck  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11 - 23 - 1936

22. I HEREBY CERTIFY, That I attended deceased from 9-30-, 1936 to 11-23-, 1936

I last saw her alive on 11-23-, 1936 Death is said to have occurred on the date stated above, at 12:06 p.m.

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

Gastric ulcer Date of onset 9-30-36

Other contributory causes of importance: 1177

Name of operation ..... Date of .....  
 What test confirmed diagnosis? Clinical 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) W. W. Williams, M. D.  
 (Address) O.P. 823 N. 16th

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.

