

SEP 20 1937

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

Do not use this space.

1. PLACE OF DEATH

County JacksonRegistration District No. 400Township PrairiePrimary Registration District No. 5553BCity Little BlueSt. Jackson Co HomeFile No. 30881Registered No. 136

St. _____ Ward _____

2. FULL NAME Minerva Newson(a) Residence, No. 1441 Tracy St. _____ 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 fe 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unknown6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. about 60 yrs8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unemployed

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) La13. NAME Matt Prestell14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) La15. MAIDEN NAME Eliza Prestell16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) La17. INFORMANT (ADDRESS) Anna Mae Green 1404 Tracy18. BURIAL, CREMATION, OR REMOVAL Not known - Aug. 193719. UNDERTAKER (ADDRESS) Phym + Green Street 21 August 193720. FILED Aug 10 1937 William T. Fields RegistrarMEDICAL CERTIFICATE OF DEATH 2 a.m.21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-4-37 193722. I HEREBY CERTIFY, That I attended deceased from 8-1-37 to 8-4-37, 1937I last saw him alive on 8-1-37, 1937 Death is said to have occurred on the date stated above, at 2 a.m.

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

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Phys. Exam Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1937

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) L. W. Booker, M. D.(Address) 2028 Vine St.

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.

