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# CERTIFICATE OF DEATH 17539

DEPT. OF PUBLIC HEALTH STATE OF TENNESSEE DIV. OF VITAL STATISTICS  
COOPERATING WITH DEPT. OF COMMERCE BUREAU OF THE CENSUS

REG. NO. 2511  
REG. DIST. NO. 801

THIS IS A LEGAL RECORD AND WILL BE PERMANENTLY FILED.

WRITE LEGIBLY USE INK

ALL ITEMS MUST BE COMPLETE AND ACCURATE. NO ALTERATION CAN BE MADE OF ANY DATA AFTER CERTIFICATE IS FILED. CORRECTIONS MAY BE MADE BY AFFIDAVIT ONLY.

THE UNDERTAKER, OR PERSON ACTING AS SUCH, IS RESPONSIBLE FOR FILING THE COMPLETED CERTIFICATE WITH THE REGISTRAR OF THE DISTRICT WHERE DEATH OCCURRED.

THE PHYSICIAN LAST IN ATTENDANCE IS REQUIRED TO STATE THE CAUSE OF DEATH AND SIGN THE MEDICAL CERTIFICATION.

IF THERE WAS NO DOCTOR IN ATTENDANCE, MEDICAL CERTIFICATION TO BE COMPLETED BY LOCAL HEALTH OFFICER (OR CORONER, IF INQUEST WAS HELD).

ALL CERTIFIED COPIES ARE MADE WITH A PHOTOSTAT.

FORM 104

1. FULL NAME John F. NEWNAM 2. DATE OF DEATH Aug. 20 1942  
(FIRST MIDDLE LAST) MONTH DAY YEAR

3. PLACE OF DEATH:  
 A) COUNTY Shelby CIVIL DISTRICT 5th  
 B) CITY OR TOWN Memphis  
(IF OUTSIDE CITY LIMITS, WRITE RURAL)  
 C) NAME OF HOSPITAL Veterans Administration  
(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS)  
 D) LENGTH OF STAY: IN HOSPITAL 108 IN COMMUNITY path

4. LEGAL RESIDENCE: A) STATE Missouri  
 B) COUNTY Butler CIVIL DISTRICT \_\_\_\_\_  
 C) CITY OR TOWN Poplar Bluff, Missouri  
(IF OUTSIDE CITY LIMITS, GIVE R.F.D. NO.)  
 D) STREET NO. Rte. 5  
 E) CITIZEN OF FOREIGN COUNTRY No (YES OR NO)  
 IF YES, NAME COUNTRY \_\_\_\_\_

5. RACE OR COLOR White 6. SEX Male 7. SINGLE, MARRIED, WIDOWED, DIVORCED  
WIDOWED

8. AGE 70 7 6 IF LESS THAN ONE DAY  
YEARS MONTHS DAYS HRS. MINS.

9. DATE OF BIRTH: MONTH Jan. DAY 14 YEAR 1872

10. PLACE OF BIRTH: CITY OR COUNTY \_\_\_\_\_ STATE OR COUNTRY Tenn.

11. HUSBAND OR WIFE OF Widowed  
 AGE OF HUSBAND OR WIFE, IF LIVING \_\_\_\_\_ YEARS

12. IF VETERAN Sp. Am. SOCIAL SECURITY NUMBER None  
 NAME OF WAR \_\_\_\_\_

13. USUAL OCCUPATION Carpenter

14. INDUSTRY OR BUSINESS \_\_\_\_\_

FATHER 15. FULL NAME William Newnam  
 BIRTHPLACE CITY OR COUNTY \_\_\_\_\_ STATE OR COUNTRY N.C.

MOTHER 16. MAIDEN NAME Mary Anne Pingston  
 BIRTHPLACE CITY OR COUNTY \_\_\_\_\_ STATE OR COUNTRY Tenn.

17. INFORMANT Patient on admission to hospital  
 ADDRESS \_\_\_\_\_

18. BURIAL, REMOVAL OR CREMATION Removal DATE Aug. 21 1942  
 CEMETERY \_\_\_\_\_ PLACE Poplar Bluff, Mo.

19. UNDERTAKER Cosmopolitan Funeral Home  
 ADDRESS Memphis, Tenn. BY L.M. Graves SEP 15 1942  
DATE FILED

20. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM May 4 1942 TO Aug. 20 1942  
 AND THAT I LAST SAW HIM ALIVE ON Aug. 20 1942 PM  
 AND THAT DEATH OCCURRED ON THE DATE STATED AT 6:30 M.  
 IMMEDIATE CAUSE OF DEATH:  
MYOCARDIAL INSUFFICIENCY DURATION Unkn.  
93D  
 DUE TO HYPERTENSIVE AND CORONARY HEART DISEASE 94A  
 OTHER CONDITIONS PSYCHOSIS WITH CARDIOVASCULAR DISEASE  
 OPERATION? No FINDINGS \_\_\_\_\_  
 AUTOPSY? No FINDINGS \_\_\_\_\_  
 PHYSICIAN UNDERLINE CAUSE TO WHICH DEATH SHOULD BE CHARGED STATISTICALLY

21. IF DEATH WAS DUE TO EXTERNAL CAUSES, FILL IN THE FOLLOWING:  
 A) ACCIDENT, SUICIDE OR HOMICIDE (SPECIFY) \_\_\_\_\_  
 B) DATE OF OCCURRENCE \_\_\_\_\_  
 C) WHERE DID INJURY OCCUR \_\_\_\_\_ CITY COUNTY STATE  
 DID INJURY OCCUR IN OR ABOUT HOME, ON FARM, IN INDUSTRIAL PLACE, IN PUBLIC PLACE?  
 WHILE AT WORK \_\_\_\_\_ MEANS OF INJURY \_\_\_\_\_  
 SIGNATURE L. A. Walker M.D.  
 L. A. WALKER, M.D., Clinical Director  
 ADDRESS Veterans Administration DATE SIGNED 8-20-42  
Memphis, Tennessee