

1. PLACE OF DEATH

County Shelby

Civil Dis. _____

or
Village _____or
City Memphis (No. Southern ave St.; _____ Ward)

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.

2. FULL NAME Eustace James Newton(a) Residence: No. Southern ave St. _____ Ward. _____

(Usual place of abode)

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married5a. If married, widowed, or divorced (HUSBAND) of Elizabeth Lawrence6. DATE OF BIRTH (month, day, and year) Oct 267. AGE Years 53 Months _____ Days _____ If LESS than 1 day, _____ hrs. _____ min.8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Dept mfg. Fed warehouse9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 73 88

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) Indiana13. NAME W. J. Newton14. BIRTHPLACE (city or town) (State or country) Indiana15. MAIDEN NAME Rachel Brown16. BIRTHPLACE (city or town) (State or country) Indiana17. INFORMANT Mrs. E. J. Newton
(Address) Law. Ave18. BURIAL, CREMATION, OR REMOVAL Indianapolis, Ind 5-16-31
Date _____ 19. _____19. UNDERTAKER Thompson Bros.
(Address) Memphis, Tenn20. FILED _____ 19. _____
W. F. Moore
Registrar.STATE OF TENNESSEE
STATE DEPARTMENT OF HEALTH
Division of Vital Statistics
CERTIFICATE OF DEATH

11779

File No. _____

Reg. No. _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 14, 193122. I HEREBY CERTIFY, That I attended deceased from May 3 1931, to May 11 1931I last saw him alive on May 11, 1931, death is said to have occurred on the date stated above, at 8:15 p.m.

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

Possibly acute food Poisoning Date of onset May 11/31Contributory causes of importance not related to principal cause: Intestinal indigestion

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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. F. Moore M. D.(Address) 581 So. Highland
Memphis, Tenn

TION is very important. See instructions on back of certificate.