

1. PLACE OF DEATH  
STATE OF TEXAS

TEXAS DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

26227  
1821

COUNTY OF Bexar

STANDARD CERTIFICATE OF DEATH

REGISTRAR'S NO.

CITY OR PRECINCT NO. San Antonio

NO. 1122 STREET W. Summit

IF IN AN INSTITUTION, GIVE NAME OF INSTITUTION INSTEAD OF STREET AND NO.

LENGTH OF RESIDENCE IN CITY WHERE DEATH OCCURRED 56 YEARS MONTHS DAYS. HOW LONG IN U. S. IF FOREIGN BORN? YEARS MONTHS DAYS

2. FULL NAME OF DECEASED Robert Albert Newnam

RESIDENCE OF THE DECEASED NO. 1122 STREET W. Summit CITY STATE

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE MARRIED WIDOWED DIVORCED (WRITE THE WORD) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Grace Agatha Newnam

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 12, 1880

7. AGE 56 YEARS 6 MONTHS 8 DAYS IF LESS THAN 1 DAY,     HRS. OR     MIN.

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Baseball - Retired

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) San Antonio, Texas.

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT J. Newnam Jr.  
(ADDRESS) 2224 Olmos Drive, West, S. A. Texas

18. BURIAL PLACE St. Marys Cem. DATE 6-22 1938

19. UNDERTAKER Akers Funeral Home, (Ray Akers)  
441 Main Ave., San Antonio, Texas.

20. SIGNATURE AND FILE DATE OF LOCAL REGISTRAR

JUN 22 1938

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(FILE DATE)

(SIGNATURE)

MEDICAL PARTICULARS

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20, 1938 1938

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM May 10 1938 TO June 20 1938

I LAST SAW HIM ALIVE ON June 20 1938

THE PRINCIPAL CAUSE OF DEATH 5:45 PM AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:

Tuberculous Tuberculosis

DATE OF ONSET

1935

OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:

V.B. Cerebritis

1937

NAME OF OPERATION None DATE OF OPERATION    

WHAT TEST CONFIRMED DIAGNOSIS Chemical 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     1938

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) R. G. G. G. M. D.

(ADDRESS) 1214-15 Nix Bldg

Saw aut out Texas



IF NON-RESIDENT, BE CAREFUL TO GIVE THE COMPLETE RESIDENCE OF THE DECEASED, STATING BOTH CITY, COUNTY AND STATE. THE RESIDENCE IS THE USUAL PLACE OF ABODE.