AUG 20 1930

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

Do not use this space.

21985

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No.
Township — Primary Registration District No. 1001 — Registered No. 813
City St.Joseph, (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME Lowell Clayton Newby
(a) Residence. No. St., Ward. Cameron, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 6, 1924

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	6	5	7	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Caldwell Co. Mo.

PARENTS
10. NAME OF FATHER Frank M. Newby
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Osborn, Mo.
12. MAIDEN NAME OF MOTHER Etta Whitaker
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Cameron, Mo.

14. INFORMANT Frank M. Newby
(Address) Cameron, Mo.

15. FILED 1930 19 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July, 13, 1930 19

17. I HEREBY CERTIFY, That I attended deceased from July 13, 1930, to July 13, 1930, that I last saw him alive on July 13, 1930 and that death occurred, on the date stated above, at 11.50 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Enteritis acute
120 B
1140
(duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY) No facts.
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) H. S. Conrad, M. D.
7/14/1930 (Address) Kirkpatrick Bldg. St. Jos. Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Cameron, Missouri
DATE OF BURIAL: July, 15, 1930

20. UNDERTAKER: Walter Meinhoffer
ADDRESS: 1302 Faraon St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.