

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

Do not use this space.

43693

**1. PLACE OF DEATH**

*JAN 28 1936*

County Audrain  
Township Linn  
City..... (No. R. F. D. Rush Hill)

Registration District No. 27  
Primary Registration District No. 5035

File No. 13  
Registered No.....  
St. .... Ward)

**2. FULL NAME** Ray Bernard Newbough

(a) Residence, No. R. F. D. Rush Hill St. .... Ward.

(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**

**MEDICAL CERTIFICATE OF DEATH**

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 9 1936

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 8 1936, to Dec 8 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 15, 1936

I last saw him alive on Dec 8 1936. Death is said to have occurred on the date stated above, at 12:30 P.M.

| 7. AGE | YEARS    | MONTHS | DAYS      | IF LESS than 1 day, .....hrs. or .....min. |
|--------|----------|--------|-----------|--|
|        | <u>2</u> |        | <u>23</u> |  |

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

Pneumonia lobar Date of onset

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
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.....

Other contributory causes of importance:  
malnutrition

12. BIRTHPLACE (CITY OR TOWN) R. F. D. Rush Hill (STATE OR COUNTRY)

Name of operation..... Date of.....

13. NAME W. M. Newbough

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

14. BIRTHPLACE (CITY OR TOWN) Monroe County, Mo. (STATE OR COUNTRY)

23. If death was due to external cause (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

15. MAIDEN NAME Pearl Austin

Where did injury occur?..... (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

16. BIRTHPLACE (CITY OR TOWN) Audrain County, Mo. (STATE OR COUNTRY)

17. INFORMANT W. M. Newbough (ADDRESS) R. F. D. Rush Hill

Manner of injury..... Nature of injury.....

18. BURIAL, CREMATION, OR REMOVAL PLACE Monroe County, Mo. DATE Dec. 10, 1936

24. Was disease or injury in any way related to occupation of deceased?.....

19. UNDERTAKER Chas. Arnold Jr. (ADDRESS) Mexico, Missouri

If so, specify. (Signed) R. J. Williams M. D.

20. FILED Dec 31 1936 Carance Barnes Registrar.

(Address) Memphis, Mo.

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