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

Do not use this space.

11592

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. [illegible]
Township Kaw — Primary Registration District No. 1002 — Registered No. [illegible]
City Kansas City (No. 811 E. 39th St. Ward)

2. FULL NAME John Reg. Lowry
(a) Residence. No. 811 E 39th St. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: m
4. COLOR OR RACE: wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 1, 1891

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ___ hrs. or ___ min.
35	10	0	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Humble Oil Co.
(b) General nature of industry, business, or establishment in which employed (or employer): Texas
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Nevada
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER John P Lowry
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ky.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Emma Trimble
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Va.
(STATE OR COUNTRY)

14. INFORMANT Richard G. Lowry
(Address) 811 E 39th St.

15. FILED 4/1, 1927 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 1 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov. 3rd, 1926, to April 1st, 1927, that I last saw him alive on March 31, 1927, and that death occurred, on the date stated above, at 3:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: death on 4/1/27
Hypertension
Chronic Nephritis
(duration) 10 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

1290

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Ellis N. Wellbeling, M. D
4/1, 1927 (Address) Kc 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: Cremation
DATE OF BURIAL: Apr. 4 1927

20. UNDERTAKER: D. W. Newcomer's Sons
ADDRESS: K.C., Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

18[illegible]
Vic, 1198.
11-[illegible]

Dr E. W. Wilkinny