

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

Do not use this space.

15572

1. PLACE OF DEATH

County Laclede
Township Union
City Phillipsburg (No.)

Registration District No. 448
Primary Registration District No. 5608

File No.
Registered No.
St. Ward)

2. FULL NAME

Alpha Lowe

(a) Residence. No. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 3 yrs. 3 mos. 3 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Frank Lowe</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>11-7-1888</u>		
7. AGE YEARS <u>38</u>	MONTHS <u>5</u>	DAYS <u>26</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer). (c) Name of employer		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 3 1927

17. I HEREBY CERTIFY, That I attended deceased from Jan 27, 1927, to May 3, 1927, that I last saw her alive on May 2, 1927, and that death occurred, on the date stated above, at 11:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of uterus

CONTRIBUTORY (SECONDARY) Pregnancy & removal of placenta
Reg. 9 mos. Rem. (duration) 2 yrs. 2 mos. 2 da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH. Colorado

3 DID AN OPERATION PRECEDE DEATH? Yes DATE OF Apr 1926

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Microscopic & Clinical
(Signed) W. Taylor M. D.
, 19 (Address) Phillipsburg, 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.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Laclede County Mo.

10. NAME OF FATHER William Kelsey

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Laclede Co. Mo.

12. MAIDEN NAME OF MOTHER Abigail Atchley

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Megac County Tenn.

14. INFORMANT Frank Lowe
(Address) Phillipsburg Mo

15. FILED June 10, 1927 H. B. Clinton
REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Bear Creek Cem. DATE OF BURIAL May 4 1927

20. UNDERTAKER H. B. Clinton ADDRESS Conway, 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.

1927

