

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

Do not use this space.

33645

1. PLACE OF DEATH

County Jackson
Township Lowry
City Lowry City, Mo. (No. Stammy Kulman Hop)

Registration District No. 399
Primary Registration District No. 600399

File No. 4876
Registered No. 3 (Ward)

2. FULL NAME

(a) Residence. No. Lowry City, Mo. St. Mo. Word. Lowry City, 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. 9 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 3, 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49 | 5 | 18 |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer) at home
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Weller
(STATE OR COUNTRY) Ohio

10. NAME OF FATHER Jefferson Chase

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Do not know
(STATE OR COUNTRY) Ohio

12. MAIDEN NAME OF MOTHER Mary Jopping

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ohio
(STATE OR COUNTRY)

14. INFORMANT Clarence A. Browning
(Address) Lowry City, Mo.

15. FILED 11/21/27 M. M. Crover REGISTRAR
asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 21 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov 12 1927, to Nov 21, 1927 that I last saw her alive on Nov 21, 1927 and that death occurred, on the date stated above, at 5 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

179B Acute Cholecystitis
109 localized Peritonitis
129

CONTRIBUTORY (SECONDARY)

Robert pneumonia (duration) yrs. 1 week

18. WHERE WAS DISEASE CONTRIBUTED

IF NOT AT PLACE OF DEATH. Home
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Nov 18/27

19. WAS THERE AN AUTOPSY?

No

WHAT TEST CONFIRMED DIAGNOSIS?

Clinical

(Signed) John H. Ogilvie, M. D.
11/21, 1927 (Address) 1002 Logy Ln

*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

DATE OF BURIAL

Lowry City, Mo.

11/21 1927

20. UNDERTAKER

ADDRESS

E. E. Freeman
Baltimore

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

