

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

Do not use this space.

9481

**1. PLACE OF DEATH**

County Jasper  
Township Caplin  
City Webb City (No. ....)

Registration District No. 417  
Primary Registration District No. 3021

File No. ....  
Registered No. 37  
St. .... Ward)

**2. FULL NAME**

Joseph Richard Lowe  
(a) Residence No. 309 West Broadway Ward. ....  
(Usual place of abode) (If nonresident give city or town and State)  
Length of residence in city or town where death occurred 50 yrs. mos. 0 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) married

5A. Is MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Mrs. Almine Lowe

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 9<sup>th</sup> 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.  
77 | 1 | 20 | 19

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Retired  
(b) General nature of industry, business, or establishment in which employed (or employer) Furs Und.  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

10. NAME OF FATHER Caleb Lowe

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

12. MAIDEN NAME OF MOTHER Polly Crabtree

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

14. INFORMANT Mrs. J. R. Lowe  
(Address) 309 West Broadway

15. FILED 3/29/28 P. M. Stormont  
REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 28<sup>th</sup> 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb 1<sup>st</sup>, 1926, to March 28, 1928  
that I last saw him alive on March 24, 1928, and that death occurred, on the date stated above, at 3:35 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cancer of Sigmoid

46945 (duration) yrs. mos. ds.

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

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

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. W. Waggoner, M. D.

(Address) Webb City

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Webb City Cemetery DATE OF BURIAL 3/30/1928

20. UNDERTAKER Steel Und Co. Webb City Mo ADDRESS

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.

