1928

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

Do not use this space.

10062

1. PLACE OF DEATH
County: Pettis
Township:
City: Sedalia (No. ..... St. ..... Ward)
Registration District No. 668
Primary Registration District No. 3032
File No.
Registered No. 75

2. FULL NAME: Lula Lowe
(a) Residence. No. 405 E. St Louis 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. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: Col
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): dont know

7. AGE: Years 50 | Months dontno | Days dontno | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Saline Co Mo.

PARENTS
10. NAME OF FATHER: Green Dotson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): dont know / dont know
12. MAIDEN NAME OF MOTHER: dont know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): dont know / dont know

14. INFORMANT: Peer Moffitt
(Address): Sedalia

15. FILED 3-7 1928 J. S. Lowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 3-4th 1928

17. I HEREBY CERTIFY, That I attended deceased from 12-28, 1927, to 3-4th, 1928, that I last saw he alive on 3-4th, 1928, and that death occurred, on the date stated above, at 11:55 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute dilatation of heart
1 d
9 hr (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Chronic Interstitial Nephritis
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED? Home
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) Albert P. Maddox, M. D
, 19 (Address) 116½ West Main

*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: Sedalia Mo
DATE OF BURIAL: 3/6 1928

20. UNDERTAKER: F. D. Ferguson
ADDRESS: Sedalia

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.