

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.

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis

Registration District No. 788

Township Webster

Primary Registration District No. 4721

City Webster Groves

No. 363 S. Gore Ave

File No. 21714

Registered No. 70

St. Ward

2. FULL NAME

Mary A. Lowther

(a) Residence. No. 363 S. Gore 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.

da.

How long in U.S., if of foreign birth?

yrs.

mos.

da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

William Lowther

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

April 14 - 1846

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

88

1

24

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

On Ship on Ocean

(STATE OR COUNTRY)

Coming from England

10. NAME OF FATHER

William Nixon

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

England

12. MAIDEN NAME OF MOTHER

Jane Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

England

14.

INFORMANT

(Address)

William J. Lowther

363 S. Gore Ave

15.

FILED

6-9, 1928

REGISTRAR

Dr. Elsie Benson

MEDICAL CERTIFICATE OF DEATH

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

June 8<sup>th</sup> 1928

17.

I HEREBY CERTIFY That I attended deceased from June 8<sup>th</sup> 1928 to June 8<sup>th</sup> 1928 that I last saw him alive on June 8<sup>th</sup> 1928, and that death occurred, on the date stated above, at 12:16 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Acute Broncho Pneumonia

Chronic Coraritis (duration) 2 yrs. 7 mos. 2 da.

CONTRIBUTOR (SECONDARY) Arterio Sclerosis (duration) 9 yrs. 10 mos. 13 da.

18. WHERE WAS DISEASE CONTRACTED At Home

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF June 8<sup>th</sup> 1928

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Chemical Analysis

(Signed)

W. J. Lowther, M. D.

(Address) Webster Groves

\*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

Calvary Cemetery

5/11 1928

20. UNDERTAKER

ADDRESS

Arthur J. Donnelly 2039 Wash St

13/11

8-9 0200