

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

24 1928

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

Do not use this space.

1. PLACE OF DEATH  
 County Livingston Registration District No. 508  
 Township \_\_\_\_\_ Primary Registration District No. 3026  
 City Chillicothe (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME John David Lowe  
 (a) Residence \_\_\_\_\_ 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.

24380

File No. \_\_\_\_\_  
Registered No. 70

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joe Ann Lowe

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 5, 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
73 3 4

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

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

10. NAME OF FATHER Lewis Lowe

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

12. MAIDEN NAME OF MOTHER Nancy Campbell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Gundy Co Mo

14. INFORMANT Harry Lowe (Address) Chillicothe Mo

15. FILED \_\_\_\_\_ 19 \_\_\_\_\_ REGISTRAR \_\_\_\_\_

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7 9 1928

17. I HEREBY CERTIFY That I attended deceased from July 8, 1928, to July 9, 1928 that I last saw him alive on 7-8-28, and that death occurred, on the date stated above, at 5:45 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
arteriosclerosis  
Brain  
7/10 of 1928 (duration) yrs. mos. da. 3  
 CONTRIBUTORY (SECONDARY) arterio-sclerosis  
Several (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH?  NO

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Edgewood Cem DATE OF BURIAL 7 11 1928

20. UNDERTAKER F.B. Norman Chillicothe ADDRESS \_\_\_\_\_

\*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.

The following table shows the results of the experiment. The first column gives the value of the parameter  $\alpha$ , the second column gives the value of the parameter  $\beta$ , and the third column gives the value of the parameter  $\gamma$ . The values of  $\alpha$  and  $\beta$  are given in degrees, and the value of  $\gamma$  is given in radians. The values of  $\alpha$  and  $\beta$  are given to one decimal place, and the value of  $\gamma$  is given to two decimal places.

$\alpha$ (degrees)	$\beta$ (degrees)	$\gamma$ (radians)
10.0	10.0	0.1745
20.0	20.0	0.3490
30.0	30.0	0.5236
40.0	40.0	0.6981
50.0	50.0	0.8727
60.0	60.0	1.0472
70.0	70.0	1.2218
80.0	80.0	1.3963
90.0	90.0	1.5708

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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

1. PLACE OF DEATH.

County Livingston Registration District No. 308 File No. ....  
 Township Chillicothe Primary Registration District No. 3026 Registered No. 70  
 City Chillicothe (No. ....) St. .... Ward)

2. FULL NAME

John David Lowe  
 (a) Residence No. .... 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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED W  
(write the word)

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-9-28

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

I HEREBY CERTIFY, That I attended deceased from .....  
 to ..... 19....., to ..... 19.....  
 that I last saw h..... alive on....., 19....., and that  
 death occurred, on the date stated above, at.....m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.

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

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work ..... (duration) yrs. mos. ds.  
 (b) General nature of industry, business, or establishment in which employed (or employer) .....  
 (c) Name of employer .....

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed)....., M. D.

, 19 (Address)

\*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.

PARENTS

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT (Address)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

15. FILED 7-10-28 Reuben B. Berry UNDERTAKER  
 REGISTRAR

19

ADDRESS

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW  
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