

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

Do not use this space.

30415

1. PLACE OF DEATH

County Jackson Registration District No. _____
 Township Raw Primary Registration District No. _____
 City Kansas City (No. 2611 E-27th St)

File No. _____
 Registered No. 3662
 St. _____ Ward _____

2. FULL NAME Dr. Walter J. Lowrey

(a) Residence No. 2611 E-27th St. Ward 11 S
 (Usual place of abode)

Length of residence in city or town where death occurred 24 yrs. mos. 11 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 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 Low Lowrey

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July-26-1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 1 7

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Doctor of medicine
 (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) Missouri

10. NAME OF FATHER Martin W Lowrey

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

12. MAIDEN NAME OF MOTHER Miss Lowrey

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

14. INFORMANT Dr. Ford G. Lowrey
 (Address) 2611 E-27th

15. FILED 9/4 28 M. M. Cronin
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept-3 1928

17. I HEREBY CERTIFY, That I attended deceased from 18 to 1928, to 5970 3 1928 that I last saw him alive on Sept 3 1928 and that death occurred, on the date stated above, at 1:15 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary tuberculosis

18. WHERE WAS DISEASE CONTRACTED Do not know
 IF NOT AT PLACE OF DEATH: _____
 CONTRIBUTORY (SECONDARY) Yes
 (duration) _____ yrs. _____ mos. _____ ds.

19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? None
 (Signed) Walter Rice, M. D.
 (Address) 2600 E-27th

*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 pittsville mo DATE OF BURIAL Sept 5 1928

20. UNDERTAKER Lowrey & Sons ADDRESS K. C. Mo.

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.

