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

Do not use this space.

33750

File No. 4291

Registered No.

1. PLACE OF DEATH
County: Jackson
Township: Kern
City: Kansas City Mo (No. 2511 Linwood Blvd St. Ward)
Registration District No. 399
Primary Registration District No. 2

2. FULL NAME Elmer H Lowry
(a) Residence. No. 2511 Linwood Blvd St. 14 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 18 yrs. mos. 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 Charlotte Lowry

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 12 1862

7. AGE: Years 66 | Months 6 | Days 10 | If LESS than 1 day, hrs. or min.

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

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

PARENTS
10. NAME OF FATHER Mr Lowry
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Ohio
12. MAIDEN NAME OF MOTHER Elizabeth Schmidt
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Ohio

14. INFORMANT Charlotte Lowry
(Address) 2511 East Linwood Blvd

15. FILED 10/22, 19 28 M M. Crane
Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 22 1928

17. I HEREBY CERTIFY, That I attended deceased from April 15, 1928, to Oct 22, 1928, that I last saw h. alive on Oct 15 28, and that death occurred, on the date stated above, at 7:00 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pernicious anemia 1 yr
Previous digestive weakness
(duration) 0 yrs. 6 mos. 7 ds.
CONTRIBUTORY (SECONDARY) Acute appendicitis
(duration) 0 yrs. 1 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED Kansas City Mo
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Laboratory Hodgkin
(Signed) O K Einstein, M. D
10/22, 1928 (Address) 761 Ingram Bldg KC, Mo.

*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 Fort Scott Kans
DATE OF BURIAL Oct 23 1928

20. UNDERTAKER John W Wagner
ADDRESS 1409 Grand Ave

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

[illegible]