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.

3 1928

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

Do not use this space.

37981

1. PLACE OF DEATH
County St. Francois
Township St. Francois
City Near Farmington (No. ..... St. ..... Ward)

Registration District No. 773
Primary Registration District No. 6018A

File No. .....
Registered No. 161

2. FULL NAME Wallace Albert Lownds

(a) Residence. No. STATE HOSPITAL # 4 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. 5 mos. 15 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 Gertrude Lownds

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4-13-1874

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
54	7	3	

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

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

PARENTS

10. NAME OF FATHER John Lownds
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Glascow
(STATE OR COUNTRY) Scotland
12. MAIDEN NAME OF MOTHER Mary Smith
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Glascow
(STATE OR COUNTRY) Scotland

14. INFORMANT Hospital Records
(Address)

15. FILED 11-17 1928 B. J. Robinson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

1

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

17. I HEREBY CERTIFY, That I attended deceased from June 1, 1928, to Nov 16, 1928 that I last saw him alive on Nov 16, 1928, and that death occurred, on the date stated above, at 8 45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
General Paralysis of the Insane
83
76
(duration) ..... yrs. ..... mos. ..... ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
0 DID AN OPERATION PRECEDE DEATH? no. DATE OF .....
WAS THERE AN AUTOPSY? no.
WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Lab.
(Signed) P. S. Tate, M. D
11-17, 1928 (Address) Hosp. # 4 Farmington 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 Schweidy Cemetery near Steelville Mo
DATE OF BURIAL 11-18 1928

20. UNDERTAKER L. J. Jonas
ADDRESS Steelville Mo