

JAN 28 1928

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

Do not use this space. *Lee*

43875

1. PLACE OF DEATH

County *Vernon*
Township *Lake*
City *Wood*

Registration District No. *876*
Primary Registration District No. *1*

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

2. FULL NAME

Fredmore Lawry

(a) Residence No. *Vernon Co* St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred *20* yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Maggie Lawry*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Aug 24 1856*

7. AGE YEARS MONTHS DAYS *73* *13* *1* *31* *13*
IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Farming*
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

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

10. NAME OF FATHER *Daniel Lawry*

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

12. MAIDEN NAME OF MOTHER *Vivian Miller*

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

14. INFORMANT (Address) _____

15. Filed *Jan 8 1928* *Nellie Richards*
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Dec 29 1928*

17. I HEREBY CERTIFY That I attended deceased from *Dec 16*, 1928, to *Dec 29*, 1928 that I last saw him alive on *Dec 16*, 1928, and that death occurred, on the date stated above, at *7:30 a.m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1. Intestinal Infarction
Probably (duration) *2* yrs. mos. da.
CONTRIBUTORY *Bronchial pneumonia* (SECONDARY)
2 years ago (duration) yrs. *1* mos. *14* da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS? *specimens*
(Signed) *H. W. Edwards*, M. D.

*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 *Newtons Cornet* DATE OF BURIAL *12/31/1928*

20. UNDERTAKER *Ferry Funeral Home* ADDRESS *Woodward 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.

12-4-5

1950

**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 Vernon
Township Lake
City

Registration District No. 876
Primary Registration District No. 6164

File No. 43875-
Registered No.
Sl. Ward)

2. FULL NAME

Fillmore Lowry

(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

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 24 - 1856

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
72 4 5

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Luray, Va
(STATE OR COUNTRY)

10. NAME OF FATHER Donald Lowry

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

14. INFORMANT Maggie Lowry
(Address) Nevada Mo

15. FILED Dec 18 1928 Nettie Richards
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 29 19 28

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

THE CAUSE OF DEATH* WAS AS FOLLOWS:

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH?

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

, 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Newton Cemetery DATE OF BURIAL Dec. 13 1928
20. UNDERTAKER Ferry Bros. ADDRESS Nevada 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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

S-43875