

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

Do not use this space.

1293

1. PLACE OF DEATH

County Holt
Township Clinton
City Mound City, Mo. (No.)

Registration District No. 372
Primary Registration District No. 4218

File No.
Registered No. 624
St. Ward)

2. FULL NAME

Mary A. Lower
(a) Residence. No. St. Ward.
(Usual place of abode)

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Frank Lower

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 18 1837

| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 | |
|--------|-----------|----------|-----------|----------------|---------|
| | | | | day, hrs. | or min. |
| | <u>91</u> | <u>1</u> | <u>29</u> | | |

8. OCCUPATION OF DECEASED

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

10. NAME OF FATHER Peter Shaffer

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

12. MAIDEN NAME OF MOTHER Elizabeth

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

14. INFORMANT Galen Lower
(Address) Mound City, Mo.

15. FILED 1-18-29 J. O. Green REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 17 19 29

17. I HEREBY CERTIFY, That I attended deceased from Jan 17 19 29 to Jan 17 19 29, that I last saw him alive on Jan 17 19 29, and that death occurred, on the date stated above, at

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral hemorrhage
89+
97
(duration) yrs. mos. ds.

CONTRIBUTORY arterio sclerosis
(SECONDARY) 2nd
(duration) yrs. mos. ds.

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

0 DID AN OPERATION PRECEDE DEATH? no DATE OF

19. WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) F. E. Hooper 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 New Liberty DATE OF BURIAL 1-19 19 29

20. UNDERTAKER Ellysober Crawford ADDRESS Mound City, Mo.

N. E.—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. WRITE FULLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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