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

Do not use this space.

11906

APR 30 1929

1. PLACE OF DEATH
County: Polk
Township: Madison
City: ..... (No. ....., ... St. ..... Ward)

Registration District No. 702
Primary Registration District No. ~~4423~~ 5931

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

2. FULL NAME: Jesse Eugene Lower

(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb 20 - 1929

7. AGE: Years ..... Months ..... Days 24 — If LESS than 1 day, ... hrs. or ..... min.

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) (STATE OR COUNTRY): Fair Play MO

PARENTS
10. NAME OF FATHER: Jesse A. Lower
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Fair Play MO
12. MAIDEN NAME OF MOTHER: Elsie Hartley
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Cedar Co MO

14. INFORMANT: J A Lower
(Address): Fair Play MO

15. FILED: Mch 18, 1929 Chas H Brown, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mch 16 1929

17. I HEREBY CERTIFY, That I attended deceased from Mch 14, 1929, to Mch 16, 1929 that I last saw him alive on Mch 15, 1929, and that death occurred, on the date stated above, at 5 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchi Pneumonia
10 TH 10 OA
(duration) ..... yrs. ..... mos. 3 ds.

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? ✓
DID AN OPERATION PRECEDE DEATH? No. DATE OF ✓
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Chas H Brown, M. D
Mch 18, 1929 (Address) Fair Play-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: Barren Creek Cem
DATE OF BURIAL: Mch 17 1929

20. UNDERTAKER: Crow Ed Barker
ADDRESS: Fair Play MO

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.