

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

Do not use this space.

40965

5374

1. PLACE OF DEATH

County Jackson Registration District No. 15
Township Kaw Primary Registration District No. 15
City Kansas City (No. Between 10 + 11 Paces) St. Mo (Ward)

File No. 5374
Registered No. 5374
St. Mo (Ward)

2. FULL NAME

Dr. Robert Edgar Lowe
(a) Residence. No. 3257 Agnes St. 14 Ward. (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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Febr 12 1869</u>		
7. AGE YEARS <u>60</u>	MONTHS <u>10</u>	DAYS <u>16</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Physician</u> (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) <u>Marion, Illinois</u>		
10. NAME OF FATHER <u>Geo Washington Lowe</u>		
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn.</u>		
12. MAIDEN NAME OF MOTHER <u>Minnie Eisherly</u>		
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn.</u>		
14. INFORMANT (Address) <u>J. H. Lowe 3257 Agnes Ave</u>		
15. FILED <u>7/29 19 29</u> <u>M. M. Crowe</u> REGISTRAR		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-28 1929

17. I HEREBY CERTIFY, That I attended deceased from 10 Deputy Coroner 1929, to 1929, 1929 that I last saw h. alive on 1929, and that death occurred, on the date stated above, at 7:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Suicide fire arm

167 (duration) yrs. mos. ds.

CONTRIBUTOR (SECONDARY) 1/10 (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? Yes

WHAT TEST CONFIRMED DIAGNOSIS Testing & Dissection
(Signed) Attorney M. M. Crowe, M. D.
1/28, 1929 (Address) Deputy Coroner

*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 Mt Washington DATE OF BURIAL Dec 30 19 29

20. UNDERTAKER Eyles Funeral Home ADDRESS K. P. 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.

