

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.

APR 23 1930

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

Do not use this space.

7711

1. PLACE OF DEATH

County Buchanan

Registration District No. 81

Township

Primary Registration District No. 4849

City DeKalb,

(No. DeKalb, Missouri,

File No.

Registered No. 2

St. Ward)

2. FULL NAME Henry M. Lower,

(a) Residence. No. DeKalb, Missouri, St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 17 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)

Married,

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

Leona Lower,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 16, 1860.

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

69

4

17

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Buchanan County,
(STATE OR COUNTRY) Missouri,

PARENTS

10. NAME OF FATHER Henry Lower,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Tennessee,

12. MAIDEN NAME OF MOTHER Sarah Sandy,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Indiana,

14. INFORMANT Mrs. H. M. Lower
(Address) DeKalb, Missouri.

15. FILE Mar. 5, 1930 J. W. M. : A. Law.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 3, 1930

17.

I HEREBY CERTIFY, That I attended deceased from Mar. 2, 1930, to Mar. 3, 1930, that I last saw him alive on Mar. 3, 1930, and that death occurred, on the date stated above, at 6:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia
(duration) yrs. mos. 3 ds.
CONTRIBUTORY (SECONDARY) 10/10
(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

(Signed) J. W. M. : A. Law, M. D.

Mar. 5, 1930 (Address) DeKalb 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

Bethel Cemetery,

DATE OF BURIAL

Mar. 5th, 1930

20. UNDERTAKER

Hester-Bethel Co. - Bowman 319 S. 10 St.

Funeral Home

