

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

Do not use this space.

9387

1. PLACE OF DEATH

County Linn
Township Clay
City John S. Lowry (No. _____) St. _____ Ward _____

Registration District No. 499
Primary Registration District No. 5664

File No. _____
Registered No. 31

2. FULL NAME

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

Length of residence in city or town where death occurred 5 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 Male 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 Lucile Lowry

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 11 - 1865

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
64 | 11 | 10

8. OCCUPATION OF DECEASED

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

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

10. NAME OF FATHER A. M. Lowry

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Co. Ireland
(STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER Julia Gasb

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Salem
(STATE OR COUNTRY) Pattercook Co. Virginia

14. INFORMANT Emma Lowry
(Address) Wheeling Mo

15. FILED 3/22 - 1930 Geo. H. Clender
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 21 1930

17. I HEREBY CERTIFY, That I attended deceased from April 16, 1929, to Mar 21, 1930 that I last saw him alive on Mar 18, 1930, and that death occurred, on the date stated above, at _____ p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arteriosclerosis
97
(duration) not know

CONTRIBUTORY (SECONDARY) 910
(duration) _____

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 none
(Signed) W. H. Marrison M. D.

(Address) Wheeling Mo
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Ogans Cemetery DATE OF BURIAL Mar 24 1930

20. UNDERTAKER Frank L. Smiley ADDRESS Wheeling 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.

APR 30 1930

15-200

