

OCT 29 1930

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

Do not use this space.

30216

1. PLACE OF DEATH

County Jackson
Township Prairie
City Liberty (No.)

Registration District No. 400
Primary Registration District No. 2002 B

File No.
Registered No. 117
St. Ward)

2. FULL NAME L. M. Lowe

(a) Residence, No. Jackson County Home 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 Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF [Signature]

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2-17-1867

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
63 7 0

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer)

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Missouri
10. NAME OF FATHER Doug Lowe
11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Virginia
12. MAIDEN NAME OF MOTHER Ediz Stayten
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Missouri
14. INFORMANT J. W. Forstner
(Address) [Signature]
15. FILES 9-18-19 [Signature] REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-17-1930

17. I HEREBY CERTIFY, That I attended deceased from 9-12-1930 to 9-17-1930 that I last saw him alive on 9-16-1930 and that death occurred, on the date stated above, at 3:00 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Color pneumonia Rx
108
131
102 (duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY) Chronic cystitis arterial hypertension (duration) yrs. mos. ds.

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

19. WHAT TEST CONFIRMED DIAGNOSIS Clinical
(Signed) [Signature] M. D.
9/9 1930 (Address) Independence 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 Blue Springs DATE OF BURIAL Sept 18 1930

20. UNDERTAKER J. W. Stanley Blue Springs ADDRESS

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.

