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

Do not use this space.

32791

1. PLACE OF DEATH

County Jackson — Registration District No. 320

Township Kaw — Primary Registration District No. 1032

City Kansas City (No. St. Luke's Hospital St. Ward)

File No.

Registered No. 4010

2. FULL NAME Lucy Christie Lowe

(a) Residence. No. St., Ward. Overland Park, Kansas
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 30, 1920 (1920)

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	10	1	1	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Student

(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) Colorado

PARENTS

10. NAME OF FATHER Roy S. Lowe

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Kansas

12. MAIDEN NAME OF MOTHER Mary Goins

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

14. INFORMANT Roy S. Lowe
(Address) Overland Park, Kansas

15. FILED 10/2 1930 M. M. Crowe REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 1st 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 15th, 1930, to Oct 1st, 1930 that I last saw her alive on Oct 1st, 1930, and that death occurred, on the date stated above, at 1 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Terminal Broncho Pneumonia

107 P

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) Athrepsia - Atrophy + Marasmus (duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF —

WAS THERE AN AUTOPSY? yes —

WHAT TEST CONFIRMED DIAGNOSIS? Clinical + Pathological

(Signed) Dr Samson Walthall, M. D.

10/2, 1930 (Address) 1010 Rialto Bldg.

*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~~ Paola, Kansas — DATE OF BURIAL 10-3 1930

20. UNDERTAKER Stine & McClure — ADDRESS 3235 Gillham Plaza

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.

WHITE PEARLEY, WITH UNFADING INK—THIS IS A PERMANENT RECORD