

MAR 24 1931

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

Do not use this space.

5095

1. PLACE OF DEATH

County Dunklin
Township Salem
City (No.) (St.) (Ward)

Registration District No. 220
Primary Registration District No. 5408

File No.
Registered No. 15
St. Ward

2. FULL NAME L. P. Lowe

(a) Residence. No. 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 26 1913

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
7 1 18

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work ✓
(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) Dunklin Co. Mo. 1

10. NAME OF FATHER Lenard Low

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Henderson Co. Tenn.

12. MAIDEN NAME OF MOTHER May McNew

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Dunklin Co. Mo. 1

14. INFORMANT (Address) L. P. Lowe
Salem Mo.

15. FILED 37 1931 L. P. Lowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 14 1931

17. I HEREBY CERTIFY That I attended deceased from Feb 4 1931 to Feb 14 1931 that I last saw deceased alive on Feb 13 1931, and that death occurred, on the date stated above, at 3:15 p.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Septicemia

194B
31 (duration) yrs. mos. 18 da.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. da.

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

DID AN OPERATION PRECEDE DEATH..... DATE OF..... WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS (Signed) H. P. ... M. D. , 19 (Address)

*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 DATE OF BURIAL Cedar Cemetery Feb 14 1931

20. UNDERTAKER ADDRESS McDaniel & Co. Salem Mo.

PARENTS

1000

1000

1000

1000

1000

1000

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Linn

Registration District No. 290

File No. _____

Township Salmon

Primary Registration District No. 3408

Registered No. 15

City _____ (No. _____ St. _____ Ward)

2. FULL NAME

L. T. Lowe

(a) Residence. No. _____ 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

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

S

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

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

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

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

(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)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

14.

INFORMANT (Address)

15.

FILED 4-9-51

W. A. Ridenour
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/14 19 51

17. I HEREBY CERTIFY That I attended deceased from _____, 19____, (that I last saw h. _____ alive on _____, 19____, and that death occurred on the date stated above, at _____ m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Death caused by a head injury & scratch on head that they neglected and it became fatal.

CONTRIBUTORY (SECONDARY) _____ (duration) 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? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) _____, M. D.

, 19 (Address)

*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 DATE OF BURIAL

19

20. UNDERTAKER ADDRESS

INFORMATION SHOULD BE CAREFULLY STUDIED IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY UNDERSTOOD. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATION UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW. PHYSICIANS SHOULD STATE STATEMENT OF OCCUPATION IN PLAIN TERMS.

SUPPLEMENTARY 36a

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