

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

Do not use this space.

13129

**1. PLACE OF DEATH**

County Bates  
Township Beers Creek  
City Adrian (No. \_\_\_\_\_)

Registration District No. 47  
Primary Registration District No. 4027

File No. \_\_\_\_\_  
Registered No. 17  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Mary Susan Lowley

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 2 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James Lowley</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 29 - 1859</u>		
7. AGE YEARS <u>71</u>	MONTHS <u>11</u>	DAYS <u>12</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Repair</u>		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		10. Date deceased last worked at this occupation (month and year)
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Clinton Co Mo.</u>		

FATHER	13. NAME <u>George Boone Walker</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>
MOTHER	15. MAIDEN NAME <u>Mary Ann Bunch</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Scott Co Ill.</u>
17. INFORMANT <input checked="" type="checkbox"/> <u>Fernima Hodges</u> (ADDRESS) <u>Adrian Mo.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oak Hill Cemetery</u> DATE <u>April 11 1931</u>	
19. UNDERTAKER <u>Leath and Dix</u> (ADDRESS) <u>Adrian Mo.</u>	
20. FILED <u>4-12-</u> 19 <u>31</u> <u>D. W. Tuttle</u> Registrar.	

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 9 1931

22. I HEREBY CERTIFY, that I attended deceased from March 26, 1931, to April 9, 1931.  
I last saw h. alive on April 9, 1931. Death is said to have occurred on the date stated above, at 2:00 P.M.  
The principal cause of death and related causes of importance were as follows:  
Coronary Arteriosclerosis  
940  
940  
Other contributory causes of importance \_\_\_\_\_  
Date of onset \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) E. E. Robinson, M. D.  
(Address) Adrian 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.

MAY 21 1931

3-30-1944

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