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

Do not use this space.

16795

File No. .....

Registered No. .....

1. PLACE OF DEATH

County Shannon — Registration District No. 823

Township ~~Winona~~ — Primary Registration District No. 4498

City Winona (No. ....., ... St. ..... Ward)

2. FULL NAME Nancy Jane 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	white	married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 24. 1868

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	62	6	18	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Hwf 2 3 4

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Salem
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Wm Boyt

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Tenn 2

12. MAIDEN NAME OF MOTHER Eliza Agie

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

14. INFORMANT Eugene Lowe
(Address) Winona. Mo

15. FILED 4-14, 1931 Mabel Rollin
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 12 1931

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19....., that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 9.20 AM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy
Lived about 20 minutes
Has been ill for about
82 A (duration) 3 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Dont Know
(duration) ..... yrs. ..... mos. ..... ds.

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? Permission to sign from Dr Hyde Emmin Mo

(Signed) Mabel Rollin Reg, M.D

Apr 14, 1931 (Address) Winona 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	DATE OF BURIAL
New Cemetery, Winona Mo	Apr 14 1931
20. UNDERTAKER	ADDRESS
None	

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

MAY 27 1931