

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

Do not use this space.

25797

1. PLACE OF DEATH

County Oregon Registration District No. 1064
 Township Johnson Primary Registration District No. 5842
 City (No.) St. Ward)

File No.
 Registered No. 6

2. FULL NAME

Thomas Burton Lowry
 (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 MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 11 1931
 17. 3

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

I HEREBY CERTIFY, That I attended deceased from July 11 1931, to July 11 1931, that I last saw him alive on July 11 1931, and that death occurred, on the date stated above, at 9:15 a.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4-28-1862

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.
69 | 2 | 18

No more headache
 to be produced to get
 a train on heat.
 (duration) yrs. mos. da.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer & Carpenter
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

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

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

18. WHERE WAS DISEASE CONTRACTED? 11/13/13
 IF NOT AT PLACE OF BIRTH, yes 13/14/13
 (duration) yrs. mos. da.

10. NAME OF FATHER John Lowry

19. DID AN OPERATION PRECEDE DEATH? no DATE OF 7-5-13
 WAS THERE AN AUTOPSY? no

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

WHAT TEST CONFIRMED DIAGNOSIS? Only official
 (Signed) Arthur E. ..., M. D.

12. MAIDEN NAME OF MOTHER Jane Flannery

B-B-1931 (Address) Alton Inc.

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

*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.

14. INFORMANT Emma Lowry
 (Address) Alton Mo. R# #1

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Lawrence Cem. DATE OF BURIAL 7-12 1931

15. FILED 8-1-31 M. J. Cuthbert
 REGISTRAR

20. UNDERTAKER neighbors ADDRESS 1 X

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

