

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

Do not use this space.

33630

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township St. Joseph,

Primary Registration District No. 1001

City St. Joseph, (No. 3102 So. 15th. St.)

File No. _____

Registered No. 11023

St. _____ Ward _____

2. FULL NAME

Stella A. Lowe

(a) Residence, No. 3102 So 15th St St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 50 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct, 10, 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55 11 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.

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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leon, Iowa.

13. NAME James Jennings

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leon, Iowa.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Brover Lowe 3102 So. 15th. St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Auburn Cemetery DATE Oct, 8, 1931

19. UNDERTAKER (ADDRESS) Walter Meinholler 1302 Aaron St. St. Joseph, Mo.

20. FILED 10-8-31 1931 John R. Bendevick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct, 6, 1931 . 1931

22. I HEREBY CERTIFY, That I attended deceased from Feb 1931, to Oct 6 1931. I last saw h. ex. alive on Oct 4 1931. Death is said to have occurred on the date stated above, at 11:20 P.M.

The principal cause of death and related causes of importance were as follows:

Edema of Lung

Date of onset about 1930

Other contributory causes of importance: 23A 3

Name of operation _____ Date of _____
What test confirmed diagnosis? Culture Was there an autopsy? No

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? No
If so, specify _____

(Signed) L. D. Senior M. D.
(Address) Rock Island Bldg, St. Joseph, 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.

NOV 23 1931

OCCUPATION FATHER MOTHER

