

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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 23 1932

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

Do not use this space.

11856

1. PLACE OF DEATH
 16 County Cape Girardeau Registration District No. 125
 1 Township 4 Primary Registration District No. 3009
 8 City St. Louis (No. _____) St. _____ Ward _____

2. FULL NAME J. J. Lowell
 (a) Residence, No. R. J. P. #1 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.

File No. _____
 Registered No. 102

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married

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

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

7. AGE YEARS 51 MONTHS - DAYS - If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 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 _____

FATHER
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Neelys Landing, Missouri
 13. NAME James Powell
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER
 15. MAIDEN NAME unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Mr. R. J. Powell (ADDRESS) R. J. P. #1
 18. BURIAL, CREMATION, OR REMOVAL PLACE McSpaulding DATE Apr 27 1932
 19. UNDERTAKER (ADDRESS) W. J. Smith
 20. FILED 4-27-32 W. A. Chamber Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/26, 1932

22. I HEREBY CERTIFY, That I attended deceased from 1/12, 1932, to 4/26, 1932
 I last saw him alive on 4/21, 1932 Death is said to have occurred on the date stated above, at 24 hr m.
 The principal cause of death and related causes of importance were as follows:
Pulmonary Interstitial
25A
 Other contributory causes of importance 2 B 1

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) W. J. Smith, M. D.
 (Address) Cape Girardeau

