791

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

Do not use this space.

28307

1. PLACE OF DEATH

108 County Vernon — Registration District No. 875 — File No.

Township Washington — Primary Registration District No. 6162 — Registered No. 184

City ~~Nevada~~ (No. 4 St. Ward)

2. FULL NAME Lory Hallowell

(a) Residence. No. State Hosp #3 St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 8 mos. 20 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Dec.

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec. 1853

7. AGE: Years 79 — Months — Days — If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN): —
(STATE OR COUNTRY): England

PARENTS

10. NAME OF FATHER: Thomas Hallowell
11. BIRTHPLACE OF FATHER (CITY OR TOWN): —
(STATE OR COUNTRY): England
12. MAIDEN NAME OF MOTHER: —
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): —
(STATE OR COUNTRY): England

14. INFORMANT: J. W. Hallowell
(Address): 2516 Jackson K. C. Mo.

15. FILED: 8-18-1932 E. R. King, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug 17 1932

17. I HEREBY CERTIFY, That I attended deceased from Aug 4, 1931, to Aug 17, 1932, that I last saw him alive on Aug 17, 1932, and that death occurred, on the date stated above, at 7:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
93C
97 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Gen. Arteriosclerosis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 93C

DID AN OPERATION PRECEDE DEATH? No. DATE OF (1)

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Laurence L. Cooper, M. D

Aug 17, 1932 (Address) Nevada, 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: To Carthage, Mo. — DATE OF BURIAL: 8-19 1932

20. UNDERTAKER: Knell mortuary — ADDRESS: Carthage Mo.

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.

SEP 27 1932

King,
N-Wales.