

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.

29
OCT 24 1932

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

Do not use this space.

28506

85

1. PLACE OF DEATH

County Guthrie Registration District No. _____

Township _____

City St. Joseph (No. State Hospital #2)

Primary Registration District No. 1001

File No. _____

Registered No. 866

St. _____

Ward _____

2. FULL NAME Joe Lowery

(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 Male

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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) about 1878

7. AGE

YEARS 54

MONTHS unknown

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) 2 yrs ago

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon, Co. Mo.

FATHER

13. NAME John Lowery

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Mo.

MOTHER

15. MAIDEN NAME Anna Mayers

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

17. INFORMANT (ADDRESS) State Hosp. Records

18. BURIAL, CREMATION, OR REMOVAL

PLACE Macon, Mo. DATE Sept. 9, 1932

19. UNDERTAKER (ADDRESS) Fleeman Funeral Home, St. Joseph, Mo.

20. FILED 9-8-32 John P. Bender Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 5, 1932, to Sept 7, 1932

I last saw him alive on Sept 7, 1932 Death is said to have occurred on the date stated above, at 8:30 a.m.

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

Malaria Sept 5/32
Laryngitis
108
108

Other contributory causes of importance:

Pneumonia, Lobar
1

Name of operation Night Date of _____
What test confirmed diagnosis Microscopic Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No. 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 none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify _____

(Signed) Geo. W. Plum, M. D.

(Address) State Hosp #2

